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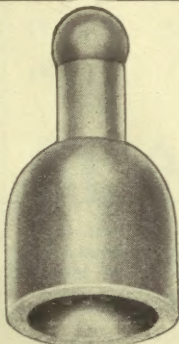
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The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

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No. 1

WARD PERSONNEL IN MENTAL HOSPITALS

G. H. STEVENSON, M.D., Superintendent, Ontario Hospital, London, Ont.

I have been asked by the Committee on Nursing to present for your consideration certain problems relating to personnel in our mental hospitals. The reasons for this request are:

To emphasize the importance of having the best qualified assistants possible for the 24-hour, day by day, contact with our patients.

To invite thought and suggestions as to securing and training such personnel.

Because there appear to be varying trends of thought as to what constitutes satisfactory ward staff, to ascertain if there can be worked out a plan which might utilize the best features of these various trends.

Some Comparisons

We should perhaps first try to satisfy ourselves as to the nature of institutions caring for the mentally deranged. Are they hospitals within the real meaning of the word or are they some other type of institution? While we have in mind the slow evolution of such places, through the ages, to the humane asylum era of the nineteenth century, which we hope we have now passed, the question may fairly be asked if we have evolved to hospitals and if answered in the affirmative, are we evolving now to something different? I ask this question because it is seriously contended in some quarters that a mental hospital is not really a hospital, but rather a teaching center, a school, if you will, for the retraining of persons who have fallen into faulty be-

haviour patterns, and that a part of the training so given shall be, for the successfully re-trained, to prevent the development again of such behaviour.

While granting that pedagogy may have an important place in our techniques, the same can be said about general hospital practice. The diabetic has to be taught urinalysis and food values and dangers. The cardiac patient has to be taught the limits of exercise he may safely take; the tuberculous patient must be taught good physical hygiene, the care of the sputum, and so one might go on to more severe illnesses and disabilities in which the teaching of the patient is an integral part of his treatment. Even so in mental hospitals, pedagogy is a part of the larger technique of nursing the patient back to normal health again.

And if one should deny that our patients are really sick, as they so seldom show gross physical disease, temperature variations or other of the more common physical symptoms and signs usually associated with severe illness, one has only to point out that there is often more physical symptomatology than at first appears, and in addition that all the patients who come to us are delirious. It is true one has to broaden the usual definition of delirium to make this assertion, but one does not depart from standard dictionary definitions in doing so, but rather one is brought face to face with delirium in all its forms, and with

An address delivered before the American Psychiatric Association on May 31st, 1934, and published in this Journal with the courteous permission of the American Journal of Psychiatry.

etiologies much more extensive than the usual infections which may disturb the mental integrity of the individual. One is not perverting truth, but rather amplifying it, when he speaks of our patients as suffering from a senile delirium, an arteriosclerotic delirium, an alcoholic delirium, a syphilitic delirium, a schizophrenic delirium or a manic-depressive delirium. Delirium, from whatever cause or causes, must be within the province of the medical profession and calls for the most skilled nursing available.

Nursing Values

We feel justified in saying, therefore, that the nurse in our mental hospital should be thoroughly equipped with the ordinary or general training so that she may do full justice to all the physical features, but in addition should understand more of the workings of the human mind, and the influence of environmental and emotional stresses in the production of delirious and pre-delirious thought and behaviour. And even more than this, she needs to know the possibilities of effecting improvement through psychotherapy, and to know the part she should be able to play in the treatment scheme. A weighty responsibility is hers, and an opportunity which probably surpasses that in any other field of nursing.

I surmise, therefore, that we are fairly well agreed that we are operating hospitals for the treatment of patients suffering from various types of delirium and that the ward personnel should be essentially the most intelligent and best trained nurse available, with training even superior to that received in most of our general hospitals, because of the special psychic factors involved. The problem of securing such well-trained nursing personnel is one on which there may be considerable divergence of opinion.

We are in much the same position with regard to personnel that the general hospitals were in some years ago. They realized that poorly trained people, rela-

tively uncultured, were not good enough for general hospital patients. We have been realizing this same fact for a much shorter period with regard to our delirious patients, and it is perhaps a fact that in many of our mental hospitals, much of the ward personnel is of inferior category even to-day. When we began to realize our need, we began training schools, at first rather feebly, leading only to a certificate of no particular worth outside the hospital; later our training courses attempted to cover the same curriculum as general hospitals and finally, with affiliate courses in general hospitals, our nurses were permitted to qualify for the diploma of registered nurse. It is perhaps true that we may have developed an inferiority complex concerning these courses, realizing their limitations, especially in certain technical fields, a complex which was often shared by the nurse, although it cannot be denied that many nurses have been graduated from our mental hospital training schools who compared favorably with the graduates of the larger general hospitals, and were often decidedly better trained than graduates of some smaller general hospitals. Most of these graduates remained in the hospital as charge nurses, and formed a skeleton graduate nurse staff. It is doubtful if many of these have been as well trained in the psychological implications of nursing as was desirable, our efforts having been concentrated on the attempt to produce a generally trained nurse, the equal of the graduate of the general hospital.

Economic Aspects

And while we are making confession, might it not be fair to state that many hospital superintendents (general as well as mental) believe that it is an additional economy to operate a training school, student nurses naturally being given a comparatively small monetary allowance. Nevertheless, the mental hospital superintendent did the best he could under the circumstances. Suitably trained nurses

not being available elsewhere (the general hospital graduate not having the inclination nor the requisite training for our hospital needs) he provided such training as he could, and when the history of nursing during the twentieth century is written, this accomplishment will rank high.

The question we ask now in this year 1934 is whether such an arrangement is still the best available? We might ask first if there is not something anomalous in the position of the hospital superintendent who on the one hand seeks to secure for his patients the best nursing as economically as possible, and on the other hand, as director of his training school for nurses, has a direct obligation to his student nurses to give this training as thoroughly and completely as possible. It is difficult for him to serve both interests fairly without giving some advantage to one or the other. This difficulty is not restricted to mental hospitals, and perhaps the time has come when he should serve only the interests of his hospital, leaving to some other party or organization the responsibility of the training of nurses. This is already being done in a small way by some universities, which offer nursing courses quite independently of hospital jurisdiction, although naturally arrangements are made for bedside work in co-operating hospitals.

Professional Standards

It would appear reasonable that the nursing profession should attempt to set standards for its own professional requirements even as the medical profession seeks to govern educational prerequisites for entrance to its ranks, and also control to some extent at least the medical schools and licensing bodies. One might ask the question if the time has not definitely passed that any hospital should presume to set up a training school for nurses without the permission, or at least, consultation with the governing body of the nurses' organization.

With the growth and development of the nursing profession has arisen a distinctly educational problem and project. Should the training of nurses not be viewed in much the same manner as the training of school teachers? Teachers are trained for a public need by normal schools and universities controlled usually or to some extent at least by a department of the government, but the teachers themselves really decide standards for entrance to such training centers, the curriculum content, and the facilities and grading of such institutions. Has the time come for the state to assume responsibility for nursing education in a closely parallel way to which it controls teacher training institutions?

This proposition is definitely recommended by Professor Weir in his recently completed inquiry into nursing education in Canada at the request of the Canadian Medical Association and the Canadian Nurses Association. He regards the training of the nurse as essentially an educational venture and on a similar footing to the training of physicians or the training of school teachers. True, the nurse necessarily must have a closer contact with the hospital and its patients, but he deprecates the hospital "owning," as it were, its nursing school, in the same way that we would deprecate an individual hospital training its physicians or an individual municipality or school board training its teachers.

If we are agreed that nursing is essentially an educational project, then we must also assume that the nursing profession should have some part, at least, in establishing standards for training schools, and should probably have some voice in saying whether or not any particular school should or should not train nurses. We have also assumed that mental hospitals require the best trained and highest type of nurse. Where should we look for the type of nurse we desire?

Many of us would answer this question by saying that we must train such

personnel in our mental hospitals, as they are not available elsewhere, and, even if they were, we would have more confidence in those nurses we have trained in our mental hospitals. Such an answer, however, is not complete until we ask the further question whether any mental hospital has all the facilities, didactic, clinical and pedagogical to produce the fully developed and fully qualified nurse. Theoretically, it must be admitted that the mental hospital training school offers splendid didactic instruction and emphasizes the personal and emotional factors in disease and gives fine instruction in psychotherapy, matters which are often inadequately taught in general hospitals. The general hospital, however, has the tremendous advantage of a great variety and abundance of other clinical instruction. It is true that our mental hospital graduate affiliates with a general hospital to make up for this deficiency of instruction, but even with the affiliation, is she as well trained as the general hospital graduate, who has had an adequate affiliation or post-graduate course in a mental hospital? It is a matter of considerable doubt if any special hospital, mental, tubercular, orthopedic, etc., should operate training schools for nurses even with general hospital affiliation, because of the over-emphasis on the specially and inadequate instruction in general nursing. Until such time, however, as the general hospital provides its nurses in training with a mental hospital affiliation, we shall probably be compelled to operate our mental hospital training schools.

If the nursing profession desires to improve nursing standards and place general hospital graduates in mental hospitals, they must arrange such affiliations or postgraduate courses because, without such additional training, I take it that we are all agreed that the general hospital nurse is of less value in a mental hospital than the mental hospital graduate. This perhaps points the way to the part the

mental hospital can play in furthering advance in the type and training of ward personnel. We should be prepared to offer such affiliate or postgraduate courses. By so doing, we would have the stimulation that comes to any hospital from taking part in an educational programme, we shall be giving our patients the advantage of nursing care from the best trained nurses available, we shall be advancing the status of the nursing profession, we will be relieving overcrowding in the nursing profession rather than contributing to it.

An Unfilled Need

Because of the impossibility, up to the present, of securing adequately trained general hospital nurses and the difficulty of securing sufficient candidates in our mental hospital training schools, who would be available on graduation, the hospital superintendents have been faced with the problem of obtaining suitable ward personnel and have almost invariably been forced to accept a ward staff less well trained than he has desired. His own training school usually has graduated only a fraction of the total number of nurses actually required, and consequently he has been compelled to hire untrained and too often unsuitable types of persons to provide sufficient numbers for the care of his patients.

It is perhaps in this situation more than any other that our mental hospitals fail to measure up to an adequate standard. In physical equipment, in diagnostic and therapeutic appliances, in well-trained medical staff, we need not be ashamed, but with our most important hospital facility, ward personnel, with whom our patients must be in intimate contact twenty-four hours daily, and on whom rests so much responsibility for the carrying out of healing procedures, we have been satisfied with, or at least, have tolerated very inferior standards. When one reads annual reports from some of our most outstanding mental hospitals to the effect that only a small per-

centage of the ward personnel are graduate nurses, and the balance are without any professional status, we have no reason to be proud of our accomplishment in this field.

Auxiliary Personnel

To compensate for this recognized deficiency, many superintendents have insisted that ward attendants receive some training, usually ten to twenty hours, or even longer. This cannot be regarded as anything but a very inadequate compromise at best. In recent years, a further attempt has been made to meet the situation by instituting a two-year course for applicants who are not qualified to undertake the regular nursing courses leading to the diploma of "psychiatric nurse" or some similar designation. While definitely a better compromise than the trained attendant, it falls far short of the actual nursing needs of our patients and is at direct variance with accepted standards for professional training, inasmuch as specialization should follow the general training. An analogy in our own profession would be the training of "psychiatric physicians" or "tuberculosis physicians," that is, giving physicians the specialty without the general scientific background. The same principle applies in the teaching profession; the teaching specialist must first have the general training before qualifying for his specialty. It would therefore appear that the training of so-called "psychiatric nurses" is pedagogically unsound, and fails to give our patients the care to which they are entitled.

Comparative Costs

The economic aspect of securing adequately trained personnel may be regarded as an insuperable stumbling block to its accomplishment. That this difficulty is more apparent than real is shown by an actual investigation into comparative costs by Professor Weir, although we should not attempt to justify a financial economy that attempts to secure cheap ward labor in return for some

degree of nursing education, as has unfortunately been too often the case, especially in smaller general hospitals. Graduate nurses, by reason of their experience and full time on the wards, as contrasted with student inexperience and time off for classes, are needed only in the proportion of two graduates to three students, and as most student nurses receive a fair financial allowance in addition to board, quarters, etc., the substitution of graduates for students involves little if any actual increase in costs. Compared with a relatively untrained attendant staff, the cost of graduate nursing staff is certainly higher, but that should not deter us if the patient's need is our first consideration, as it should be, and one might hope a higher discharge rate would actually lower the costs of ward personnel rather than make for an increase in costs.

It is, of course, not contended that every attendant now employed should be replaced by a graduate nurse. There would still remain many duties, now perhaps performed by nurses, and yet definitely not nursing duties, which would be performed by attendants, such as ordinary cleaning, kitchen and dining room duties, supervising working parties, and taking part in recreational activities, such as is done in general hospitals by cleaners, kitchen maids and ward aides. By this more careful allotment of duties, the actual costs would not be increased as much as might at first appear.

The Challenge

Keeping in mind that the great majority of patients who are under treatment in mental hospitals are the so-called continued treatment type, who require less medical and nursing care than the acute recently admitted patients, do we still need the fully trained nurse or could not trained attendants or "psychiatric nurses" give all needed care? The answer to this question would appear to be that there should be no lowering of standards, that the unrecovered cases are simply an

indication of our treatment failures and a challenge to our still greater therapeutic and nursing efforts. In fairness to the patient as well as in fairness to ourselves, only the best nursing service should be available.

In presenting this discussion for your consideration, the writer has endeavored to stress the urgent and important aspects of our ward personnel problems, and

while he has attempted to be impersonal and objective, he realizes he has not been entirely successful in so doing. Whether or not the suggestions favored by the writer find favor with other hospital administrators, it is hoped that some better solution of ward personnel problems can be reached by our concentrated and united efforts than we have yet been able to evolve.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

It is with a sense of gratification that we learn that 15 Manchester Square, so long identified with the League of Red Cross Societies, has been renamed, nay, christened Florence Nightingale International House. The lease of this beautiful residence, including the furnishings, equipment and library has been given by the League to the International Council of Nurses as the headquarters of the Florence Nightingale Memorial Foundation. Miss Olive Baggallay, the newly appointed secretary of the Foundation, now has her office at headquarters, which means a closer contact with both authorities and students. The dream of the present generation naturally is that this Memorial shall be endowed at the earliest possible date, and this can only be accomplished by the nurses of the world feeling a personal responsibility towards attaining this goal. Canadian nurses, who are members of the International Council of Nurses (by virtue of their membership in the Canadian Nurses Association) must share this responsibility and it is hoped that each province will support the national committee this coming year by soliciting funds from all nursing organizations and groups as well as from individuals who

are interested in nursing education. Imagine our pride, to say nothing of our joy, when the day comes that the Florence Nightingale Memorial Foundation will be endowed, and think of the pricelessness of such a gift to the "posterity" of our profession!

A list of recent donations to the fund follows:

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BREAKING NEW TRAILS

In June, 1933, the *Journal* referred to the inauguration of the new course for undergraduate students in the School of Nursing in the University of Toronto in these words:



THE TRAIL BREAKERS

"This School will teach the science and art of nursing. Nothing more and nothing less. The undergraduate course, for the present at least, will be so directed as to prepare students for generalized as well as for hospital nursing practice. In order to bring about this profound change in educational approach, the life of the School will be centred in its own building. The students will live, work and play together. Their hospital practice will be gained in more than one institution. The integration of the course will take place within the School itself."

Nineteen students are now taking the three-years' undergraduate course, eight of them in

the first year and eleven in the second. The pioneer group make their bow in the accompanying photograph. The enrolment for the graduate course comprises eighteen students in the course for hospital staff nurses, thirty in the preliminary course in public health nursing and one in the advanced course in public health. As usual the student body is cosmopolitan. Two students have come from Russia, two from Spain, one from Greece and one from Poland. Eight provinces in the Dominion are represented. The amenities of the residence life are well shown in this charming little picture of Sunday afternoon tea in the garden.



TEA IN THE GARDEN

FARTHEST NORTH

MILDRED V. RUNDLE, Staff Nurse, Anglican Mission Hospital, Aklavik, N.W.T.

How many nurses know that there is a hospital in the Arctic Circle, only thirty miles from the Arctic Ocean? It is the most northern in the British Empire and I am delighted to say that I spent a very happy year there. This hospital is in Aklavik, North West Territories, and is



ELLEN RAT

just a frame building with ward accommodation for sixteen patients. Its equipment includes an operating room, with an X-ray machine, a dispensary and a kitchen. The nurses' quarters consist of three bedrooms, for the two nurses and the kitchen matron, and a small living-room.

Our patients are Eskimos, Loucheaux Indians and white people, but there are only thirty white people in Aklavik. The Indians "traverse" between their homes at Fort McPherson, a hundred miles to the south, and our settlement, while the Eskimos settle northward and along the Arctic coast and come in only when necessary, some of them travelling six hundred miles to us. Typhoid and tuberculosis are the most prevalent diseases, together with gastro-enterites in small children caused by eating so much meat (especially muskrat tails). We give out a great many drugs and have the complete confidence of the natives, several of whom have had operations and, at the

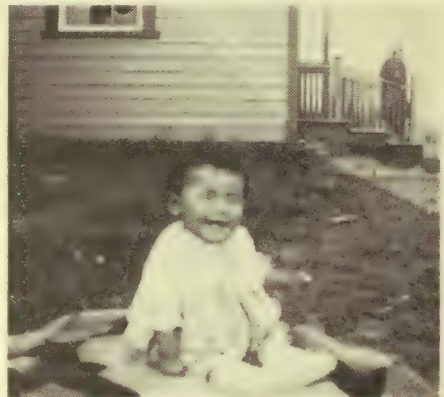
least pain, always want the appendix removed.

Our Patients

One of the accompanying illustrations shows two Indian boys suffering from tuberculosis, and myself. Please note how complete our equipment is. And here is Ellen Rat and her little sister. Ellen is tuberculous and came sixty miles in an open canoe for treatment while suffering from an acute attack of pleurisy. A month later she was sufficiently recovered to see me off when I left on furlough. Now, we show you Rosie Jane Booniplume (better known as "Peanut"), an Indian baby whose mother was tuberculous and died shortly after the baby was born. Her death was probably hastened because she had to crawl over portages on her hands and knees when the ice was breaking up. Peanut was a seven-months baby and weighed three pounds at birth. Two months later she weighed only two and one-half pounds. But now, look at her a year later, with six teeth and able to shake hands, thanks to a diet of Borden's milk, orange juice and cod liver oil.

Life in the Arctic

For six weeks, in the middle of the summer, we have no darkness at all in this land of the midnight sun. For a month we can wear summer dresses and



PEANUT SHOWS HER TEETH

chase mosquitoes and black flies. Wild flowers spring up and even the birds visit us: robins, jays, woodpeckers, eagles, owls and pigeons. In the middle of the winter we are in darkness for six weeks, yes, black darkness, during the day, if the moon is not shining. The moon seems more beautiful here, as do the stars, and as for the Northern Lights I shall not attempt to describe them. Winter lasts from September until the end of May and woollens and furs are necessary to keep warm. Four stoves, fed with wood, keep the hospital comfortable most of the time even when the snow, on the level, is about four feet deep. The sleigh dogs are beautiful but, being part wolf, are very wild and one has to be careful to keep out of their way.

All the supplies come in from Edmonton and are naturally concentrated and tinned except for a case of oranges, potatoes and onions. For meat we rely on the caribou, rabbits, and wild ducks, but the excellent fish provide most of our diet. River water, rather dirty, is used for all purposes except drinking. Our drinking water is provided by the winter ice and huge blocks are stored in our mud tunnel-

like ice-house for the summer drinking supply.

Festivals

In July the paddle-wheel steamboat arrives with the yearly supplies and new workers. Then about two hundred Eskimos and a hundred Indians gather at our settlement for two weeks and it is a gay and busy time for everybody. The natives go to church, and dance every night, joining together for square dances to the violin accompaniment of "Golden Slippers," "Turkey in the Straw" and reels. They are very musical and seem able to play any instrument you give them. The Eskimos have dances of their own which are very primitive and are descriptive of their activities. These are spurred on by the strokes of a willow stick on a drum which is made by stretching a skin over a barrel.

A lovely sight at Christmas is the arrival of the dog-teams, as many as eight teams, one after another; the cracking of whips, the jingle of bells and shouts of the drivers can be heard for miles through the crisp air, sometimes 56° below zero. They visit the hospital every day and we always shake hands and provide coffee and bannock. They are quick-witted,



THE AUTHOR AND HER INDIAN PATIENTS

happy, jolly people but know when to be quiet. Sitting on the floor, telling stories or singing hymns, one cannot resist loving them. On Christmas Eve we gather at the church for a little concert given by the Indian children and, when Santa Claus arrives, every child receives a present sent by the Anglican Churches to the Mission of which we are a part. In the hospital we decorate with red and green paper, lanterns and anything we can get.

Each patient has a little Christmas tree and presents. In the evening the white people have an informal dance and a special airplane usually manages to arrive near Christmas, but, at \$1.50 a pound for parcels, we are satisfied with letters. Mail arrives about every two months but we only have a few hours to read and answer our letters so as to catch the returning plane. And so life goes on in our farthest north hospital.

NURSING CARE IN SCARLET FEVER

NORMA M. JAMIESON, Head Nurse, Alexandra Hospital, Montreal.

A vigorous campaign is being carried on against scarlet fever and diphtheria with a view to preventing these diseases which are so much dreaded, but, although great progress has been made, much remains to be done. Immunization against scarlet fever has so far been less successful than against diphtheria, and we are therefore still faced with the necessity of giving expert nursing care to patients suffering from it.

The Clinical Picture

There are three types of scarlet fever: the mild, where some signs and symptoms may be absent; the septic, where all signs and symptoms are greatly increased; the toxic, where the signs do not correspond to the symptoms. The typical scarlet fever patient shows a flushed face, with circumoral pallor similar to that observed in pneumonia. There is a characteristic punctate rash over all other parts of the body, being most intense on the warm areas, such as the axillae and groins. This rash is uniform and general, rarely appearing on the face; it is rough to the touch and fades on pressure. The tongue is heavily coated at first, but peels in a few days, leaving the bright strawberry tongue typical of scarlet

fever. The throat is inflamed and occasionally a punctate rash appears on the soft palate, or exudate or ulceration on the tonsils may be seen. The rash fades after a few days and the temperature, which may be very high at first, comes down to normal. There is usually a very rapid pulse, out of proportion to the fever, but it returns to normal as the temperature falls.

Nursing Care

Medical asepsis, which was discussed in a previous article,* is the basis of the nursing care of any communicable disease. The daily bath, including the care of teeth, nostrils and ears, affords the nurse a splendid opportunity of getting acquainted with her patient. It is an equally good opportunity for her to observe all signs and symptoms accurately and intelligently. She should be able not only to observe accurately but to record correctly, as much of the doctor's knowledge of the patient's condition depends upon the nurse's report.

Warm gargles are given every four hours, generally of saline. If the patient is unable to gargle, the throat may be

* See *The Canadian Nurse*, July, 1934, p. 306 "Nursing Communicable Diseases."

swabbed with absorbent-wrapped applicators dipped in warm saline. If the throat is very dirty, for example in a septic case, the doctor may order the throat to be syringed. If the patient is a child, it will be necessary to "mummy" him to carry out the procedure effectively. A flannelette blanket is placed diagonally on the bed with the top corner turned down about a foot. The child is placed on the blanket with the shoulders just touching the folded edge. The left corner is brought up over the top of the body, binding down the left arm, and is tucked under the right side of the patient as far as it will go, leaving the right arm free. The surplus at the bottom is folded up firmly to secure the feet. The right corner is then brought up over the arm and the body and is fastened with a safety pin. In order to conserve linen, the drawsheet is removed, and the child is placed on the rubber sheet with the head resting on a dressing towel. The child lies on his back with his head turned towards his left shoulder, and the nurse, standing on the right, proceeds with the syringing. The tongue is held down with a tongue depressor and the throat is gently syringed with saline. A kidney basin is held at the curve of the patient's cheek to receive the return flow. If the patient is very restless, an assistant is necessary to help control him, and also to hold the mouth gag which may be used. Characteristic of the septic case is a profuse nasal discharge. If this is present, the nostrils may require syringing also. Drops of argyrol and ephedrine are installed after syringing if ordered. Quite early in the course of the disease, desquamation or peeling may begin, usually about one to two weeks after the onset. It may be in the form of a fine powdering or of extensive loss of skin. The underlying skin thus exposed may become very dry and tender. In such cases it is necessary to keep this skin soft, and vaseline is applied. Desquamation is no longer considered infectious,

but is simply a sign of the progress of the disease which the nurse must watch for and report.

Some Complications

A serious complication of scarlet fever is otitis media, which may lead to a mastoiditis. An early sign of this trouble is an elevated temperature with no apparent cause. Upon examination by the doc-



THE "MUMMY" COMPLETE

tor, reddened ear drums may be detected, in which case alcohol and boracic drops will probably be ordered. If the drum shows signs of bulging, the doctor may do a paracentesis. The ears may require syringing and the patient, if very young or restless, will have to be "mummied" and the bed prepared as before. Otherwise, the ears may be syringed in the usual manner, remembering always that it is a sterile procedure. Another complication is adenitis. There are two types, simple and suppurative. Adenitis is usually accompanied by an elevated temperature, and the glands are palpable and quite tender to the touch. The cervical

glands are the chief ones involved. An ice collar or ice compresses may be applied continuously, or at intervals of two hours. If surgical interference is considered necessary, hot fomentations may be ordered until the pus is sufficiently localized for operation. Hot sterile dressings are generally ordered post-operatively.

Another complication to be guarded against is nephritis, which is serious because it may do permanent damage to the kidneys. The urine is tested daily for albumen the first three days after admission to the hospital, and every three days thereafter. If albumen, which most frequently appears about the third week, is present, fluids are forced. If any considerable amount is found the diet is restricted, fluids only being given in more severe cases. If nephritis develops, a strict milk diet is ordered. Water is given freely unless oedema occurs. The patient is kept warm between blankets. The intake and output are measured and a daily specimen of urine is examined. Mag. Sulph. is given daily and hot packs may be ordered in severe cases.

Dietary Management

In this hospital, in order to prevent undue strain upon the kidneys, great emphasis is placed upon the patient's diet. Patients under sixteen years of age are, for the first twenty-one days, on a liquid diet, consisting of milk, cocoa, water freely, and fruit juices in moderation. From the tenth to the twenty-first day junket and water jellies may be added. On the twenty-first day the diet is increased with porridge, cereals and vegetable soups, and on the twenty-fifth day bread and butter is given. On the thirty-first day, chicken, fish and vegetables may be included. No dark meat is given. Adults receive a more liberal diet, the liquid diet described above being given for the first seven days. From the seventh to the fourteenth day, a soft diet consisting of porridge, cereals, soups, light desserts, bread and butter is permitted. On the fifteenth day, chicken,

fish, vegetables, tea and coffee are given and on the twenty-first day a full diet, including meat.

Medication

Little medication is given beyond the necessary cathartics. Scarlet fever antitoxin (one treatment dose) is given intramuscularly—rarely intravenously—in all but mild cases. In this hospital it is administered if the patient's temperature is 100° or over. If the patient is suffering from any other disease, such as rickets or anaemia, the second condition is treated specifically.

Reactions to Serum

Scarlet fever antitoxin frequently causes a reaction in the body due to the necessity of using a horse serum preparation. This manifests itself at different periods after the injection and in different forms. One form assumes the type of a multiform erythema, an irregularly blotched rash of a bluish-pink color, in places almost morbilliform, in others erythematous, and elsewhere presenting large urticarial-looking plaques without the characteristic wheals. Here and there, circinate patches may be observed. There is often puffiness of the face, and sometimes slight oedema of the extremities. The most common rash is the urticarial, which generally manifests itself about the ninth day, and is characterized by the formation of wheals and by intense irritation. Calamine lotion, sponges, or soda bicarbonate baths or sponges are given to relieve the condition. Occasionally, adrenalin is ordered to be administered hypodermically. The fact that children, who are not inclined to self-pity, suffer less irritation from severe rashes than do adults leads to the conclusion that sympathy is not wisely given to adults in such cases. They suffer less acutely if the rash is accepted casually by the nurse, this being somewhat a question of the influence of mind over matter.

If the patient gives a history of asthma, hay fever, or urticaria, convalescent serum is used if it can be obtained. Such

patients are very sensitive to the injection of foreign proteins, such as horse serum, and are readily subject to shock. Occasionally, scarlet fever antitoxin is given in fractional doses if convalescent serum is not procurable, in which case, as also in giving serum intravenously, the patient must be carefully watched and external heat applied during the danger period—usually within a few hours after the serum is given. Adrenalin may be given hypodermically if a reaction occurs.

Preventive Aspects

One of the duties of the nurse is to teach the children health habits, and for this she has an excellent opportunity during the long convalescence. Another of her duties is to teach the patient how to protect others from his disease. Immediately after admission to the hospital, even very small children are taught that

they must not throw things on the floor, or touch the nurse's face or hair, or any uncontaminated articles in their cubicles. In caring for scarlet fever patients, it is essential that they be in clean surroundings with plenty of fresh air and sunshine. The isolation period, which varies in different communities, is a long one, and, if the patients are to be kept cheerful, they must be given sufficient amusement. In our convalescent wards there is a radio and also a library for adults and children. Female patients are encouraged to sew and knit. In warm weather, convalescent patients are allowed to go out on the grounds, where comfortable chairs are found and swings and slides are erected for the children. And thus the scarlet fever patient is helped, throughout the course of his disease, toward complete recovery.

AN IMPROVISED INCUBATOR

Miss Marion Boa, a graduate of the School for Nurses of the Montreal General Hospital and of the McGill School for Graduate Nurses, has had a varied experience in administration and teaching in schools of nursing, and private duty nursing, and is now superintendent of the Aberdeen Hospital, New Glasgow, Nova Scotia. Being in need of an incubator for babies, and lacking the necessary funds, Miss Boa ingeniously improvised and had an inexpensive but efficient incubator made out of an ordinary wash boiler at a total cost of \$8.50. The dimensions are as follows: depth, 17 ins.; width, 16 ins.; length, 29 ins.; glass window, 6 x 8 ins.; open vent at rear, 2 x 7½ ins.; inside light shield, 6 ins. deep, 4 ins. wide at centre top; opening in cover to scale; temperature, 90° to 100° with an ordinary incandescent bulb. It all goes to prove that experience in the private duty field may be an excellent preparation for a hospital administrator, especially when it is amplified by the courses which are available in some of our Canadian universities.



MISS BOA'S INCUBATOR

A LOST LEADER

On December 14, 1934, after a long illness, borne with unwavering fortitude, Bertha Harmer entered into rest. In her untimely death, nursing all over the world has suffered a severe blow, and we in Canada have lost one of our ablest leaders at an age when her career had by no means reached its height.

From the very outset it was apparent that here was a mind of a most unusual calibre. In 1913 she graduated from the School of Nursing of the Toronto General Hospital, and for two years, as she herself described it "made it my business to see something of almost every form of hospital service as a head nurse and supervisor in my own hospital." In 1916 she entered Columbia University, taking successively the degrees of B.Sc., and A.M. In 1918 Miss Harmer served as

professor in the Yale University School of Nursing and first assistant in administration in the New Haven Hospital.

Happy and successful though she was in an American environment her heart was in Canada, and in 1929 she was offered and accepted the responsible task of directing the School for Graduate Nurses of McGill University. She had no more than begun her duties when the effect of the depression, with its accompanying financial anxieties, had to be faced and dealt with. Her courage rose with the need, and her faith in the ultimate success of the school never faltered for a moment. In spite of rapidly failing strength she never stopped fighting. "Of course the school will go on" she would say in that curiously deep and moving voice of hers.



MISS BERTHA HARMER

an instructor at the Vassar College Training Camp and helped to prepare college women to render military nursing service in the Great War. Later she became instructor of nursing in the School of Nursing of St. Luke's Hospital, New York, and in 1923 she was appointed, in a dual capacity, as assistant

To all but a few of her intimates, Bertha Harmer seemed essentially a solitary person. She did not suffer fools gladly and was at heart very shy. She found it difficult to take part in group activities, and it is in her books that she comes nearest to the rank and file of us. In the "Principles and Practice of Nursing" she created a nursing classic the influence of which has been and will continue to be felt all over the world. A complete revision of this book was her last task and was carried on, in spite of physical anguish, with a thoroughness and enthusiasm which are as characteristic of the book itself as of the woman who wrote it. The last time the writer saw her she was sitting propped up in bed, the bed table piled high with orderly folders full of typewritten manuscript. Her green shade was pushed back and the eager eyes scanned page after page, mercilessly self-critical, content with nothing less than perfection. Yet she was no disembodied intelligence: she had humour and fire enough. Yes—and a deep and even a tender insight into life and death.

It is over now; *home art gone and ta'en thy wages*. Those wages are the gratitude and respect of the women, in many countries, whose minds were kindled by that clear flame which was, and is, the spirit of Bertha Harmer.

THE EDITOR'S DESK

A Good Year?

When the history of nursing in Canada is written, 1934 will be counted a good year. To many of us this forecast will seem absurd. It brought no relief from the crushing burden of the depression. Why should it ever be called good?

To begin with, because it marked our coming of age as a national association. The slow steady building up, over a quarter of a century, of the Canadian Nurses Association has been a task which has had its difficulties and dangers. The Association must have unity, and the strength which unity gives, and yet must be sufficiently flexible to allow for differences in language and in religion. It must find ways of bridging great distances, and contrive to meet the varying needs of a scattered membership. Above all it must give full play to the energies and aspirations of the three groups which constitute its membership and, at the same time, avoid sectionalism and narrowness. At the Biennial Meeting it was clear that these ends have been achieved. The artificial barriers between the sections are breaking down and the isolation which has been the curse of the private duty group is slowly yielding to a new spirit of understanding and helpfulness.

Furthermore, we are meeting certain issues more courageously and frankly than we once did. We know that our stupid refusal, through the years, to face the problem of the competition of non-professional workers in the nursing field has had most serious results and now we are beginning to do a little constructive thinking about it. A term like "socialized nursing" no longer conjures up horrid visions of Stalin in command on Parliament Hill, but seems quite compatible with our Canadian system of government and with the regular changing of the Guard at Buckingham Palace. We are less afraid than we were of "goblins and ghosties and things which go 'bump' in

the night." Yes, 1934 was a good year after all.

And in 1935?

And now to what tasks must we set our hand? One of the most pressing is that of bringing about a better understanding of nurses and nursing on the part of physicians, hospital administrators and the public generally. A keen lay observer at the Biennial Meeting said: "Where are the doctors, the hospital people, the public?" True, they had been invited, but next time we must not stop short at invitations—we must compel them to come in. And a lot of quiet and persistent persuasion will be necessary before that happens. Yet it must be brought about. Neither nursing practice nor nursing education is carried on in a vacuum; we are a part of the social and economic life of our time.

Readers' Guide

This month we present, as our leading article, Dr. Stevenson's carefully thought out plan for nursing service and education in mental hospitals. As the able superintendent of one of the largest mental hospitals in Canada, and as a physician with a broad conception of the functions of nurses in a modern community, he will receive our close attention. In "Farthest North" Miss Rundle takes us into the Arctic Circle and, in "The evolution of a hobby", Miss Greenwood shows us how to put a hobby to work. While she was writing her article on the nursing of scarlet fever Miss Jamieson was a member of the nursing staff of the Alexandra Hospital in Montreal; she is now instructress of nurses in the Sherbrooke General Hospital. When we wrote "What do you think about it?" we evidently touched off several live wires. Look at the sparks that are still flying! And there is light as well as heat. And don't forget to read *Notes from the National Office* so that you may keep informed of the work which the national committees are doing.

Department of Public Health Nursing

THE EVOLUTION OF A HOBBY

C. ETHEL GREENWOOD, Assistant Superintendent, Toronto Branch,
Victorian Order of Nurses.

There was not an old spinning-wheel in the parlour in my village home of childhood days but there was a costume trunk in the attic. Well! not really, because there wasn't an attic but room was always found somewhere for the costume trunk. In response to the well-worn phrase, "Mother, can you dress me as so-and-so?", the contents of the trunk appeared at school fêtes, calithumpian parades, plays and skating carnivals. Our favourite game was "Concert" and, according to family legend, I, as self-appointed master of ceremonies, gravely announced one day from the soap-box stage: "We will now have a duet by three." Home life was enlivened with mimicry and many outside happenings were dramatized in recital, while no story of entertainment or travel lacked interest for want of exaggeration or embellishment.

Genius Burns

An extract from an old diary, dated February, 1899, reads: "Mabel and I are hard at work on our play and Leonard is writing an Indian love story of bows and arrows and locks of maiden's hair, so in our house one can well say that genius burns." The play was inspired by a sentimental love song, "In Old Madrid," and dealt with the tragic story of "Lenore, my own Lenore," played by Mabel and Don Carlos, her lover. Resplendent in white satin breeches, a cloak and a hat with a plume worn jauntily over black hair, curled in long ringlets on a hot poker, Don Carlos (myself) was smuggled into the castle in a tall clothes hamper. Later a duel was fought with wooden swords and in memory I still hear the agonized cry: "Don Carlos! Don Carlos!" as Lenore fell across the wounded hero's

mirth-shaken form. The play was presented that year with two short farces, at amateur theatricals, arranged to raise funds for "The Willing Workers Band" which eventually bought an organ for the church. There were the usual vicissitudes faced by every producer, and at one rehearsal the cast almost split up because we dared to criticize the grace and realism with which a schoolgirl friend fell in a faint upon a sagging couch which, we admitted, was none too downy. Invitations were sent out carefully marked "Admission 10c" and on two successive nights fifty guests were crowded into the old drawing-room at one end of which father had built a stage.

As we grew older we became members of a dramatic club organized by father which was successful in buying second-hand scenery and installing it in the old drill shed. Here, for several years, a performance was put on at the time of the fall fair. One-act plays were chosen, preferably with the character of an old man—father's strong suit—and a small boy to include Leonard, now about eleven. Mabel and I were cast to play anything from the wife of the old man to the sophisticated young woman, the *ingénue*, or the pert maid servant. Leonard, more than the rest of us, developed his early flair as an entertainer and must have been a source of joy and courage through weary hours in trench and billet during the war. Returning from overseas he interested himself in Masonry and became the entertainer at many a banquet of neighboring lodges. His humorous chuckling voice, as they heard it in "The 'Ole in the Road" or "Casey at the Bat," must have sounded in the ears of many members of the Amputation Association and

of Credit Lodge, Georgetown, as they stood, in 1931, about the open grave of their Immediate Past Master.

Dramatizing Nursing

Enough of reminiscences. During a postgraduate year at the University of Toronto I realized the possibilities, as an interpreter of professional ideals and as a publicity agent, of a nurse with experience as a speaker. It was not, however, until I became supervisor of student field-work with the Victorian Order that thoughts of dramatizing public health teaching began to simmer.

In the early days of demonstrations for student and staff nurses the importance of of routine in nursing procedure was stressed, reasons for method explained, and discussion encouraged. Then, as the simmering thoughts began to bubble, emphasis was placed on incidental teaching, especially the demonstration of post-partum and infant care. In a one-sided conversation, the dummy was taught the care of the baby, immunization of pre-school children, diet and health for the whole family. For an ideal pupil I recommend a dummy because she never interrupts with details of her friend's operation for "very close" veins, and asks only the questions for which the teacher has a good answer ready. Mrs. Brown, the dummy of the Toronto branch, has an international reputation, according to the number of enquiries as to her welfare, from former students I met at the I.C.N. One hoped they would say, like the amorous radio tenor, "It was not her beauty alone that won me"; that they recalled the teaching content of the demonstration, rather than the absurd lines of her pillow body to which the legs are pinned. Legs did I say? Well! at least we achieved knee joints by stuffing laparotomy stockings with two one-pound rolls of absorbent cotton. Later she developed arms and a head with braids of red wool hair and a face modelled by an art student.

Demonstrations of post-partum care and preparation of the room for confine-

ment were given for some time before we developed the ante-natal and the post-natal welfare visit. These, as a rule, are conversations between the nurse and the imaginary patient, whose part on very special occasions has been taken by a second nurse. One warm spring day fifty nurses, attending a refresher course at the University, were crowded into the board room, while I made a very special visit with Miss Winter acting as the ante-natal patient. Imagine my consternation when I found her temperature was 99.4!

In 1927, at Miss Smellie's request, Miss Winter, Miss Edna Clarke (now Mrs. McLean, of Brampton), and myself, wrote "A Three in One Visit", as an illustration of the teaching value of bedside care. We produced this demonstration play at the annual meeting of the R.N.A.O. in St. Catharines, and have frequently loaned it for use in other branches. The scene opens with Mrs. O'Grady (Miss Winter), all clean and tidy in bed, watching Miss Teacher (myself), bath her baby. She makes all the absurd remarks and objections to the teaching points that we had always imagined were contributed by the inarticulate Mrs. Brown. She mentions a fellow-roomer, Mrs. Hawkins, who "will be after nading the nurse in the fall." Miss Teacher promptly despatches Bridget, a pre-school child, to bring her down. Mrs. Hawkins (Miss Clarke), arrives and is given ante-natal instruction while Miss Teacher dresses the baby. Mrs. Hawkins departs and Mrs. Smith (Miss Clarke again), appears carrying her baby. She has "come to do the wash for Mrs. O'Grady" and is "that glad to catch the nurse who can weigh the baby."

Our next dramatic effort was "Visiting Rosie",—a skit written by Miss Clarke and myself to show that entrance to the home is not always easy but that once inside, the nurse may advise Mrs. Eiselbaum, Rosie's protesting landlady, in regard to the feeding difficulties of

her "darlink baby," before she sees poor sick Rosie at all. We produced and played this at a Regional Conference of the Victorian Order held at Hamilton and repeated it later in Brampton to raise funds for the branch. After that we felt equal to anything in the dramatic line and there followed a rapid succession of demonstrations and skits.

For four years we assisted the National Council of Women with Health Day at the Canadian National Exhibition, presenting everything from bag technique or bathing the baby to conducting a mother's club on the platform. We became familiar with every difficulty: moving audiences; noise; cramped space necessitating a minimum of stage properties and we seldom enjoyed the luxury of a curtain or screens. We learned that brevity is the soul of wit; that our teaching material must be to the point, relieved with dignified humor and adapted to the type of audience.

Then came radio. In 1931 the Federation for Community Service and the Child Welfare Council of Toronto arranged a series of Sunday afternoon broadcasts over C.F.C.A. Each week Father and Mother Newcome, who sold their farm and came to Toronto with their large family, were introduced to different community services. I played the part of Mother Newcome and wrote the episode in which the Victorian Order Nurse was sent in by the doctor when the family had the "flu."

During that year I attended evening classes in drama at the Toronto University to learn something of stage grouping and lighting effects which I hoped would be useful in exhibit work as well. For the past two years we have demonstrated, with dialogue, some phase of our work at the meeting for women canvassers just prior to the campaign for Federation for

Community Service. By encouraging potential ability in different members of the staff we have kept up the interest in our performances and now have two people, besides Miss Winter, who play up splendidly to any lead. We made a new venture this year when we trained a patient to play the part of the mother in a three-minute dialogue demonstration of a post-natal welfare visit. For two successive years we have assisted the Child Welfare Council in organizing the programme for the Mothers' Day Festival and in co-operation with the Health Department, the Visiting Housekeepers Association and the St. Elizabeth Visiting Nurses Association we wrote and produced a skit of four short scenes, illustrating the available maternity services of the city.

Note of Interrogation

And now I begin to question whether this drama and skit craze, as an interpretation of health and social work, has not been overdone. Such retrospection, or introspection, is not unusual as a vacation approaches but I wonder whether in my zeal for dramatic effect the original purpose—teaching—has not grown befogged. Am I using my profession as an outlet for my hobby? I encourage myself, however, by recalling an incident of earlier days when I played in a skit written by Miss Percy, for the Annual Meeting in Ottawa. This was a discussion of the problems of a "single nurse district" between the nurse and an enquiring board member. Following the performance a member of the audience said to me: "Well, you've missed your calling", and I had the impertinence to retort, "Why? Have you heard I'm not a good nurse?" Surely if we carry this thought as ballast we may keep an even keel in these days when "all the world's a stage."

Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

In the November number of the *Journal*, under this same caption, reference was made to a conviction which appears to be strongly held in some quarters that highly educated and well prepared nurses are likely to be commercial and to lack those qualities of mind and heart which are especially desirable in private practice. In December we published a letter from "An Ontario Nurse" vigorously denying that there is any connection between a sound educational preparation and commercialism. This month we present yet another point of view held by a contributor who is herself an educator of nurses but prefers to remain anonymous:

I teach pupil nurses, therefore I am interested in the problem of supply and demand. I am also aware of the lack of supervision and the lack of qualifications of the nurse in the house. The conditions and experiences necessary to supply these are not available during training, namely:

- Supervision of the young graduate in the home;

- Familiarity with household management;

- Courage to face the unknown as they enter a new home;

- Ability to meet the demand for rapid adjustment in the household as distinct from the sick room.

Now, in the smaller cities, could we not combine the registries and the visiting housekeeper's service? The new graduate, while awaiting her call on the registry, could be taught the work of the visiting housekeeper and take this call. Wages and hours of duty would be the same, at this time, as those of the housekeeper. The benefits for the new graduate would be:

- Supervision in the home;

- An opportunity to learn household management;

- An opportunity to adjust oneself to new household situations, thereby increasing the nurse's experience and confidence;

- An opportunity of service where she is needed, thus proving to the public the existence on the real spirit of nursing;

- An ideal opportunity for health teaching;

A tendency to lessen the increase of non-registered attendants for the sick.

Could this be tried? Is it too idealistic? Could this be made the first step towards broadening the scope of registries? Could this be general, or is it only adaptable to certain communities? If this suggestion has any practical value what should be the first move "towards action"? What do you think about it? I think the real spirit of nursing is still in our midst. All we lack is a means for putting it to work.

No sooner was this letter sent to the printer than along came another, written from a different point of view, but reaching much the same conclusions. The writer is a private duty nurse, practising in Nova Scotia, and she, like the teacher of nurses, sees the need of special preparation for the private duty field:

Since reading "What do you think about it?" in the November number of *The Canadian Nurse*, I have been doing some serious thinking and have decided to take up my pen on behalf of the private duty nurse. A good deal has been said lately for the practical nurse as against the graduate nurse. Here is something on the other side of the question. It is an experience I had a few years ago in Ontario. I was sent to a small town on a case where there had been a practical nurse before me. My patient was a young married woman with a two-year old child and another one on the way. She had had influenza which had left her with both antrums infected and she had also been suffering from pernicious vomiting. There was no help in the house with the exception of the woman who came once a week to do the washing. That first night, after bathing my patient and making her comfortable, I was surprised to hear her say, "I feel better already. I could not let the practical nurse bathe me. She did it once, and left so much water in the bed that I had a chill and she fed me on bread and milk all the time she was here." After I had been there a while she said to me one day, "I hesitated for a long while before asking for a graduate nurse, because it was impossible to get a maid and I did not know there were any nurses who would look after me, get my husband's meals and do the housekeeping."

I attended the Biennial Meeting in Toronto



Now

2 FORMS OF A STANDARD ANTACID



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and it seemed to me that there was too much stress put on education for the private duty nurse. If a young woman does not love nursing down to the last hair on her head, and if she does not want to be a nurse more than anything else in the world, all the degrees in the world will not make her one. Would it not be better if more attention were paid to the practical side of nursing for the nurse who is going to do private duty nursing? A nurse leaves the hospital after her three years' training, having had everything at hand to work with and her work planned for her; she gets no training in make-shifts, nor in how to get the best results from the simple equipment.

A few years ago there were many city nurses who would not take a case outside the city, nor a home case in the city. In fact, many would not nurse outside their own hospital. Of course, this is entirely wrong, but is the nurse altogether to blame? She is not trained for home nursing and perhaps with some there is an element of fear. She is afraid she may get into a situation she cannot cope with and she also may lack a spirit of adventure and would rather work in surroundings she knows. We only hear complaint of the private duty nurse. The public health nurse is given special training for her work and so also is the hospital administrator. The private duty nurse does the best she can without special training and gets all the abuse. Is this fair? Why not give us a better preparation for nursing in the home?

There appears to have been some misunderstanding of the discussions on education which took place at the Biennial Meeting. Very little was said about "degrees for nurses" but much was said about the advantages of linking up schools of nursing with universities. Such a link would not necessarily involve the granting of degrees at all. Private nurses are not "getting too much education"; the real trouble is that they are not getting nearly enough of the right kind. Read these two letters in relation to one another and you will find that the first suggests an answer to the second. And after you have read both, read again Dr. Wallace's address: "A challenge to the profession" which appeared in the August issue of the *Journal*.

Department of Nursing Education

NURSES' CLINICAL NOTES

DONALD C. BALL, M.D., F.A.C.S., Clinical Instructor in Surgery, Western Reserve University, Cleveland, Ohio.

For years our educational institutions have been dominated by pedagogues who have staked everything on a system of teaching. "Follow the system" and you are freed forever from the burden of thinking. It would seem that our nurses' training schools have become as badly entangled in "the system" as have our other schools. In attempting to become educational institutions, they have apparently forgotten that the primary function of "training" is just what it implies—the development of certain skills—and in that sense is not unlike carpentry, or plumbing, or wood-carving. Education should mean something else: development of intellectual faculties in contradistinction to manual dexterity.

It is with the educational functions of a training school that I would quarrel, and in particular with the systematic making and remaking of nurses' clinical notes. When one considers the hours spent by nurses in making and remaking these notes, and the repetition of temperature, pulse and respiration already recorded on the graphic sheet, it would seem reasonable to question the system.

I read nurses' notes because at times I find valuable information. The occasions are rare, but at long intervals gold is struck. Now, it is interesting to know who has made a valuable notation. Almost without exception the observation has been made by some probationer or student nurse in her first few weeks of training.

The doctor sees the patient, who has been hospitalized for weeks "for observation." He reads through pages of the interne's history and notes and finds little to guide him. He reads through pages of nurses' notes and finds less. Then, in

a note in a different hand, "The patient's head aches. She does not seem to see what is on the right side of her tray." On inquiry, he learns from the head nurse that a very young pupil nurse made the note, and—by implication—the doctor should not judge too harshly. Inasmuch as this patient has a temporal lobe tumor, and this is the only notation of value on the chart, the doctor does not judge too harshly! And this is not an isolated instance.

It is with difficulty that one can learn whether a jaundiced patient has clay-colored stools and a dark urine unless some very green pupil nurse is caring for him. A patient is bleeding from a carcinoma of the cervix, and is under treatment with radium and X-ray; the nurse's notes carefully avoid any mention of bleeding, day after day, and comment as follows: "2 p.m., *Patient listening to radio.* 3 p.m., *Visiting with relatives.* 5.30 p.m., *Evening care; no complaints.*" From the patient only, and not from the notes, the extent of the bleeding is learned.

When an untutored nurse makes and records almost invaluable observations, and when that same nurse has been "trained" and uses polysyllabic Latin and Greek derivatives profusely—splendid words like hallucinations, fibrillation, tachycardia and hyperpyrexia—and then ceases to make valuable observations and record them, something may be wrong with the "training."

I would suggest that the comfort of the patient, and the recording of pertinent information only, is more important than beautifully charted inanity. Personally, I should prefer: "She does not seem to see what is on the right side

of her tray" on a page filled with erasures, than neatly recorded "Evening care; no complaints" on a spotless page.

(This stimulating article originally appeared in the *Courier*, which is the journal of the National Catholic Federation of Nurses.—EDITOR.)

Book Reviews

HOSPITAL ADMINISTRATION FOR WOMEN, by Emily Macmanus, Matron, Guy's Hospital, London, England. 356 pages. Price: fifteen shillings. Published by Faber & Faber Ltd., 24 Russell Square, London, W.C.1.

Of some good books it has been said "who touches this book, touches the man." In this book one touches, and closely, that most challenging of nursing personalities—the Matron of an English hospital. Its pages are a crystal in which one may discern the crowded yet orderly procession of hospital days, each filled to overflowing with nursing concerns and duties. Indeed it is as a picture of hospital nursing in England that it will be eagerly read in Canada. The detailed studies of departmental and ward administration and of teaching programmes are not applicable in this country though they may well serve as a basis for an analysis and comparison of Canadian and English methods. Nevertheless the impression given by the book as a whole is excellent in that it conveys that sense of order, discipline, devotion and ungrudging service so characteristic of English hospitals and English nurses. The author is to be congratulated on making this valuable contribution to the literature of nursing; no one but an English Hospital Matron could have written it.

TEXTBOOK OF ANATOMY AND PHYSIOLOGY, by Diana Clifford Kimber, Carolyn E. Gray, A.M., R.N., and Caroline E. Stackpoole, A.M., Associate in Biology, Teachers College, Col-

umbia University. Ninth edition. Fully revised. 640 pages. Profusely illustrated, some in colour. Probable price in Canada, \$3.60. Published by the Macmillan Company of Canada, 70 Bond St., Toronto.

This textbook, the first edition of which appeared forty years ago, has grown in value with the years. The latest revision brings it thoroughly up-to-date. The collaboration of a teacher who is a master of her subject and of a nurse educator whose authority is unquestioned has, in this instance, brought about excellent results.

NUTRITION AND DIET THERAPY, a textbook of dietetics, by Fairfax T. Proudfit, Instructor in nutrition and diet therapy, University of Tennessee and Memphis General Hospital School of Nursing. Sixth edition, completely revised and re-set. 834 pages. Illustrated, some in colour. Probable price in Canada, \$3.30. Published by the Macmillan Company of Canada, 70 Bond St., Toronto.

The increasing use of diet as a therapeutic measure makes a corresponding demand upon the knowledge and skill of the nurse. This volume is divided into four sections, dealing respectively with normal nutrition for adults, children and infants; the selection and care of food; diet therapy; preparation of food. The subject matter is well arranged and is rich in content. Useful summaries have been made and the questions for review will be found stimulating. This book will be found particularly valuable to public health and private duty nurses.

On the IMPORTANCE *of* RECOMMENDING *a* GELATINE *which is* B.P.

You may ask, "Why bother?" But did you ever realize that all gelatine products are *not* B.P.?

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... OFF ... DUTY ...

We are hopelessly addicted . . . to the nefarious practice . . . of attending nurses' meetings . . . Even when they are not . . . in the line of duty . . . we usually turn up . . . because we rather like them . . . It must be admitted . . . that some are rather dull . . . but every now and then . . . one comes along . . . which redeems all the rest . . . The other evening . . . that was just what happened . . . To begin with . . . the group was small . . . and the chairs were comfortable . . . not those purgatorial affairs . . . one associates with gatherings in the Odd-fellows Hall . . . The room itself was the right setting . . . for the speaker of the evening . . . because it had both digity and charm . . . We found ourselves realizing . . . how pleasant it is . . . to listen to good English . . . when it is well spoken . . . by an English woman . . . who is herself a distinguished scholar . . . and yet talked to us about education . . . without any condescension . . . She compared it to an intricate tapestry . . . the work of many hands . . . some tracing the design . . . others filling in the background . . . stitch by stitch . . . Sometimes she read a sentence or two . . . from an old book . . . or a new one . . . by way of illustration . . . Occasionally she poked a little gentle fun . . . at the solemn science of pedagogy . . . She even congratulated us . . . on our present system of nursing education . . . (just think of anyone doing that!) . . . because she thinks we do learn . . . to do something useful . . . This heretical conception . . . of the true aim of education . . . would shock Mr. Abraham Flexner profoundly . . . but we were filled with unholy glee . . . Then we were warned against the heresy . . . of training for leadership . . . Give everyone good, sound teaching . . . and the leaders will emerge anyway . . . Quite so . . . in fact our experience is that you can't keep them down . . . Presently we were brought back . . . to the conception of education as tapestry . . . students and teachers working together . . . background and design . . . one just as necessary as the other . . . one complementing and fulfilling the other . . . like Hiawatha's bow and arrow . . . "useless each without the other" . . . (our simile, not the speaker's) . . . What we liked best of all . . . was her admission . . . half satirical, half wistful . . . that most of us . . . all our lives . . . must work away on the monotones of the background . . . Not for us the bright threads . . . nor even the purple patches . . . Yet it is heartening to remember . . . that after all . . . the background is part of the pattern . . . and that without it the brightest threads . . . have neither significance nor value . . . At the very end we were reminded . . . that we ourselves may never see the finished work . . . Yet as we set in its true place . . . stitch after stitch . . . there comes a sense of pattern . . . the tapestry of which our very lives are warp and woof . . . On the way home . . . we decided that more meetings . . . should be like that . . . There had been the background of the listeners . . . intent and responsive . . . there had been the design of the address . . . clear, ironical, even gay . . . Together, audience and speaker had contrived a work of art . . . and the coffee had been superlatively good . . . If we may be permitted a fashion note . . . we liked the soft, cloudy gray gown . . . and the frivolous silver sandals . . . Yes, more meetings should be like that . . . and more speakers . . .



WHEN WINTER WINDS BLOW

January-February blizzards are "just around the corner," waiting to catch the unwary, those unfortunates whose low resistance to respiratory infections constitute a never-ending problem for the physician.

Clinical experience does give us, however, sound reason to believe that vitamin A and D therapy builds up a definite resistance to the inroads of infection of the epithelial tract.

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ALPHAMETTES

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

While the Executive Committee of the Canadian Nurses Association is the body responsible for the business of the Association in the interim between general meetings, which are held biennially, professional organization projects and problems that require study and development or clarification are delegated to special committees. Some of these committees function for a two-year period or less, while others continue for a number of years. A prime factor in choosing personnel for these committees is that, so far as possible, the members appointed should be regionally representative of the entire Dominion, though this plan must sometimes be given secondary consideration when it is essential that committee members should have opportunity for occasional conference in person. Therefore, in selecting certain committees the Executive Committee, of necessity, must appoint within a limited area, members who possess experience and interest in the project for which the appointment of a special committee becomes necessary after a general meeting. The findings and recommendations of a special committee must receive the endorsement of the Executive Committee previous to the presentation of such to the Association as a whole.

After a general meeting of the C.N.A. re-appointment of a special committee for another two-year period is necessary when the purpose for which it was organized requires further deliberation by a selected and representative group. A list of the committees with personnel, now functioning in the interests of the C.N.A. is published herewith so that the membership at large may become informed of the national organisation's specific projects for this year. The year when it was first formed is shown for each committee.

National Joint Study Committee of the Canadian Medical Association and the Can-

adian Nurses Association (1927).—The C.N.A. representatives are: Misses Jean I. Gunn, E. Kathleen Russell, Ruby M. Simpson and Jean E. Browne, Secretary, 410 Sherbourne Street, Toronto. Corresponding Provincial Committees are organized.

National Enrolment for Emergency Service Committee (1926).—Convener: Miss Ruby E. Hamilton, 410 Sherbourne Street, Toronto. Members: Misses E. MacPherson Dickson, Ruby M. Simpson, Rahno Beamish, and a representative appointed by each Provincial Association.

Florence Nightingale Memorial Committee (1932).—Convener: Miss Grace M. Fairley, Vancouver General Hospital, Vancouver. Members: Misses M. F. Gray, F. H. M. Emory, J. I. Gunn, the President, Miss R. M. Simpson (ex officio), and the conveners of corresponding Provincial Committees as follows: Alberta: Miss E. McPhedran, British Columbia, Miss K. I. Sanderson; New Brunswick, Miss F. Coleman; Nova Scotia, Miss M. J. Graham; Ontario, Miss R. E. Hamilton; Prince Edward Island, Miss I. Gillan; Quebec, Miss M. K. Holt; Saskatchewan, Miss E. Amas; Manitoba, to be appointed.

Florence Nightingale Scholarship Award Committee (1934).—Convener: Miss Jean E. Browne, 410 Sherbourne St., Toronto. Members: Misses M. F. Hersey, F. H. M. Emory, G. M. Fairley, M. McMullen and the President, Miss R. M. Simpson (ex officio).

Mary Agnes Snively Memorial Committee (1933).—Convener: Miss Jean E. Browne, 410 Sherbourne Street, Toronto. Members: Misses J. I. Gunn, E. MacP. Dickson, M. F. Hersey and F. H. M. Emory.

Dominion Registration Committee (1934).—Convener: Miss E. MacP. Dickson, Earl Apartments, Apt. 5, Earl and Huntley Streets, Toronto. Members: Misses F. H. M. Emory and E. M. McKee, and a representative appointed by each Provincial Association: Alberta, Miss R. Thompson; Manitoba, Miss E. M. Smith; New Brunswick, Miss M. E. Retallick; Nova Scotia, Miss M. Boa; Ontario, Miss M. B. Millman; Prince Edward Island, Miss I. Gillan; Quebec, Miss E. F. Upton; British Columbia, —; Saskatchewan, —.

Study of Registries Committee (1934).—Convener: Miss I. M. MacIntosh, 75 Queen Street South, Hamilton. Members: Misses M. R. Chisholm, M. Buck and a representative appointed by each Provincial Association: Alberta, Mrs. A. E. Vango; Manitoba, Miss Jessie Kerr; New Brunswick, Miss M. Mc-

Mullen; Nova Scotia, Miss M. J. Graham; Ontario, Miss J. L. Church; Prince Edward Island, Miss Estelle Murphy; Quebec, Miss C. M. Watling; British Columbia, —; Saskatchewan, —.

Publicity for Higher Education for Nurses Committee (1933)—Convener: Miss M. F. Hersey, Royal Victoria Hospital, Montreal. Members: Misses E. F. Upton, E. Johns and M. Lindeburgh.

Curriculum for Nurses-in-Training in Mental Hospitals Committee (1933)—Convener: Miss N. D. Fidler, The Ontario Hospital, Whitby. Members: Misses E. F. Upton and M. Lindeburgh.

Exchange of Nurses Committee (1930)—Convener: Miss Jean E. Browne, 410 Sherbourne Street, Toronto. Members: Misses M. F. Hersey, M. K. Holt, Nora Moore, K. W. Ellis, J. I. Gunn, R. E. Hamilton and P. B. Austin.

Committee to observe the use of the figure of a nurse in non-professional advertisements (1933)—Convener: Miss Emily Reed, 5587 Park Avenue, Apt. 5, Montreal. Members: Misses G. E. Blakney, A. Whitehead, A. E. Wells and S. L. Shearer.

Religious Guilds for Nurses Committee (1932)—Convener: Miss M. K. Holt, The Montreal General Hospital, Montreal.

The Nightingale Scholarship

As announced in the December number of *The Canadian Nurse*, the Canadian Nurses Association is offering a scholarship to enable a member of the Association to attend the 1935-1936 session of the postgraduate course organized by the Florence Nightingale International Foundation. The course is given at Bedford College (University of London) in conjunction with the College of Nursing and the scholarship nurse has the privilege of residing at 15 Manchester Square, London, where she is brought in contact with nurse students from all parts of the world. The course opens on August 15, 1935, and closes on July 1, 1936. The session is divided into three terms, averaging ten to eleven weeks each. The scholarship offered by the C.N.A. provides only for tuition, books, residence with board at 15 Manchester Square, and a small allowance for incidental expenses such as laundry, stationery and so forth. Other expenses including travelling, must

be met by the successful candidate. Payment of the amount awarded under this scholarship is made directly to the Florence Nightingale International Foundation by the Canadian Nurses Association.

FLORENCE NIGHTINGALE MEMORIAL FOUNDATION SCHOLARSHIP

A scholarship of the value of twelve hundred and fifty dollars (\$1250) is offered by the Canadian Nurses Association for the purpose of taking a course at Bedford College, London, England, during the session 1935-36 for either (1) Nurse Administrators and Teachers in Schools of Nursing, or (2) Public Health.

Applicants must be graduates of an approved School of Nursing and be registered in the province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information of the courses may be had, on request, from

The Executive Secretary,

CANADIAN NURSES ASSOCIATION

1411 Crescent Street, Montreal,

to whom completed applications should be returned not later than March 1, 1935, along with necessary forms and credentials.

WANTED

For an instructor's position in a school of nursing, a nurse who has had experience as a supervisor in hospital. A particularly good background of general education (*quite apart from nursing courses*) is necessary.

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: Interesting to Calgarians is news of the postgraduate studies of local nurses, now pursuing their careers elsewhere in Canada and the United States: Miss M. Carpenter (Calgary General Hospital) has completed a public health course at the School of Nursing, University of Toronto, and accepted a position with the provincial public health department at Stanmore. Miss L. Bibby and Miss M. Kidney, graduates of the Calgary General Hospital (classes 1933 and 1934 respectively), each winning the scholarship presented annually for the highest standing in theory, are now students at the School of Nursing, University of Toronto, taking the public health course. Miss B. McMurchy (Calgary General Hospital, 1933) who, during the present year, occupied a position on the supervising staff, is now a student at the School of Nursing, University of British Columbia. Miss M. Turner (Calgary General Hospital, 1933), formerly a resident of Calgary, has recently completed a postgraduate course at the Sick Children's Hospital in Toronto.

CALGARY: The Calgary Association of Graduate Nurses gave a dinner during November in honour of Dame Janet Campbell. Later in the evening she gave a most interesting address to a large gathering of nurses at the Holy Cross Hospital and explained many of the differences in the methods of training between England and Canada, especially in regard to maternity training. She stressed the value of public health training for nurses in every branch of the profession, and expressed her approval of the fact that Calgary training schools are giving some of their students public health experience by means of co-operation with the Victorian Order. The Calgary Group Nursing Society is being kept very busy. In their first month they did over 600 days' nursing, proving that as Miss Maberley, their president, says: "The work is there to be done if it can be done at a price within the reach of the people."

LAMONT: Miss Ruth Hulett (Lamont, 1924) is enjoying a course at the United Church National Training School preparatory to Missionary Service.

MARRIED: On October 18, 1934, Miss Janet Alton (Lamont, 1929), to Mr. Andrew Ferguson of Two Hills, Alta.

EDMONTON: Beginning with the New Year an eight-hour-day schedule for pupil nurses will be followed in the schools of nursing of

the University and the Royal Alexandra Hospitals, Edmonton, Alberta.

MEDICINE HAT: Miss Laura C. Pepper of the Department of Agriculture, Ottawa, recently gave an interesting talk to the student nurses of the Medicine Hat school of nursing on diets, stressing the nutrient value of milk products.

MARRIED: Miss Juanita McWilliams (Medicine Hat G.H., 1934), to Mr. Aubrey McKinley.

BRITISH COLUMBIA

The following resolution was passed by the General Nursing Council for England and Wales and has been accepted by the Graduate Nurses Association of British Columbia: "That the General Nursing Council of England and Wales agrees to accept for Registration and Reciprocity: (1) Nurses trained in a General Hospital in British Columbia and registered under the Registered Nurses Act by the Graduate Nurses Association of British Columbia; (2) Nurses trained in England and Wales in a General Hospital approved by the General Nursing Council for England and Wales and registered by the Graduate Nurses Association of British Columbia, on the understanding that nurses registered on the General Part of the register of the General Nursing Council for England and Wales will be accepted for registration by the Graduate Nurses Association of British Columbia under the following conditions: (a) That the educational standard of the applicant can be evaluated as corresponding to the educational standard required in British Columbia; (b) That the applicants who have not had a course in obstetrics equivalent to the undergraduate course given in British Columbia, will be required to take a postgraduate course in obstetrics acceptable to the Nursing Council of the Graduate Nurses Association before registration."

MANITOBA

BRANDON: The Brandon Graduate Nurses Association at its November meeting was addressed by Dr. D. E. Cameron, who spoke on the problems of child development and brought forward examples of the problems considered in the mental hygiene clinic that is being carried on in the city. Mrs. S. J. S. Peirce expressed the appreciation of the meeting to Dr. Cameron. At the December meeting the doctors wives' group took charge, Mrs. Johnson introducing the guest speaker, Dr. McLaurin.



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ADULTS:—Two or three dessert-spoonfuls at night before the evening meal, and in the morning before breakfast. Then once a day till bowels become normal.

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Best results are obtained when taken on an empty stomach just before meals.

After the severe constipation has been controlled, KONDREMUL with CASCARA can usually be discontinued and the regulatory treatment continued with KONDREMUL—PLAIN.

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TORONTO

MONTREAL

RICHMOND, Va.

His subject, "The adventures of an amateur doctor in India," was most interesting. Mrs. Darrach expressed appreciation of this fine address.

ST. BONIFACE: At a recent meeting of the St. Boniface Alumnae Association the members were greatly interested in the report given by Miss K. McCallum, president, and convener of the private duty section of the M.A. R.N., of the Biennial Meeting of Toronto. The Alumnae Association entertained at a dance on Nov. 21. The dance was under the patronage of Dr. and Mrs. J. D. Adamson and Dr. and Mrs. C. E. Corrigan.

WINNIPEG: A general meeting of the Manitoba Association of Registered Nurses was held on Nov. 8. On the following evening, Miss Ruby Simpson, president of the Canadian Nurses Association, addressed a special meeting of the Association; her subject was "The advisability of appointing a training school adviser for the Province of Manitoba." There was a large attendance.

NEW BRUNSWICK

MONCTON: A meeting of the local chapter N.B.A.R.N. was held on Dec. 3 when \$50.00 was voted for the upkeep of a room in the hospital, \$5.00 is to be spent on presents for the children's ward, and at Christmas the sick nurses will also be remembered. *The Canadian Nurse* will be given to the student nurses as a Christmas gift.

SAINT JOHN: A meeting of the Alumnae Association of St. Joseph's Hospital was held on Nov. 5 and plans were made for continuing the Study Club for the season. The following are the officers of the Association: President, Miss M. Carey; vice-president, Miss M. Sullivan; secretary, Miss G. Nolan; treasurer, Miss M. Milan; executive, Misses E. Nash, N. Callaghan, Mrs. J. L. Mullalay. Study Club: President, Miss H. Guilfoil; secretary, Miss K. McCarthy; representative to *The Canadian Nurse*, Miss Catherine E. Bardsley.

SAINT JOHN: A successful card party was held on Nov. 7 under the auspices of the Association. Some sixty tables were in play and the proceeds are to be used for equipment in the nurses' home.

MARRIED: On Oct. 15, 1934, Mary Ellen Walsh (St. Joseph's Hospital, 1924), to Mr. Walter Noel Sullivan.

SAINT JOHN: The Saint John Chapter of the N.B.R.N.A. held its regular monthly meeting. An address was given by Dame Janet Campbell on maternal and child welfare. A bridge party was held at the Saint John General Hospital on Nov. 7 when the guests were received by Mrs. L. Dunlop and Mrs. E. Be-

yea. The graduate nurses of Saint John recently gave an enjoyable dance; the guests were received by Mrs. L. Dunlop and Mrs. F. McKelvey. The proceeds were given to the Nurses' Benefit Fund. The A.A. of Saint Joseph's Hospital recently sponsored a successful bridge, the proceeds to be used to purchase equipment for the class room. The guests were received by Mrs. F. W. Enright and Miss M. Carey. Members of the V.O.N. entertained recently for Miss D. Cunningham who has been transferred to York townships, Toronto. Miss F. Saunders has taken her place on the staff here.

MARRIED: On Oct. 31, 1934, Miss Ethel W. Crawford (G.P.H., 1928), to Mr. G. Gordon Patterson.

MARRIED: On Sept. 15, 1934, Miss Marjorie Fitch (R.V.H., 1923), to Mr. Henry P. Edge.

ST. STEPHEN: The local chapter of the N.B.R.N.A. met at the home of Miss McMullen on Nov. 30. An instructive paper on health insurance was read by Miss Hillyard. Three recent graduates were welcomed to the chapter. The C.M.H. Alumnae Association met on Dec. 6, with Miss Dunbar presiding. Ways and means of raising money for the treasury were discussed. Congratulations are extended to the Misses Martin, Moffat, Douglas and Thorburn on successfully passing their examination for registration.

MARRIED: In August, 1934, Miss Phyllis McLaughlin (C.M.H., 1933), to Mr. Sumner Swicker.

MARRIED: On Nov. 24, 1934, Miss Natalie E. Harvey (C.M.H., 1931), to Mr. Lester Blanche.

WOODSTOCK: The L. P. Fisher Memorial Hospital held its graduation exercises on Nov. 27 when four nurses received the diplomas and pins of the school. Mr. C. W. Clarke presided and Rev. H. S. Bishop pronounced the invocation and gave an address. Dr. E. F. Woolverton addressed the graduating class, Mayor E. R. Jones presented the diplomas and pins and Mrs. Annie Fields presented the prizes for proficiency from the Ladies' Hospital Aid. Following the repetition of the Florence Nightingale pledge by the graduating class, the class prophecy was given by Miss A. Wood and the valedictory address by Miss L. Ward. The class was entertained at a dinner by the Board of Trustees on Nov. 27, when the Alumnae Association presented each member with a hypodermic set.

NOVA SCOTIA

HALIFAX: Dame Janet Campbell was a guest at Government House on Dec. 2, when a number of nurses had the privilege of meeting

her. She later addressed a public meeting, her subject being maternal and child welfare. On Dec. 3 she was guest of honor at a tea given by Miss Lenta Hall, superintendent, Halifax branch of the Victorian Order of Nurses, when she spoke on public health nursing in England.

HALIFAX: The Alumnae Association of Victoria General Hospital held a meeting on Dec. 3, with Miss G. Crosby, the president, in the chair. An interesting talk on Iceland was given. The Grace Maternity Hospital held their graduation exercises on Dec. 4 and were addressed by the Provincial Minister of Health, the Honourable F. R. Davis. Miss Emma Pense, R.R.C., has returned from England.

WINDSOR: Miss Helen Roy Saunders, acting superintendent of nurses at Payzant Memorial Hospital, for the past three months, has been confirmed in her office by the hospital Board. She is a native of Halifax, a graduate of St. John's Hospital, New York; nursing instructor at Nelson, B.C., for three years, and matron of North Bay, Ont., Hospital, for three years.

WOLFVILLE: On Nov. 16 a meeting was held at Eastern Kings Memorial Hospital, Wolfville, of the nurses of Kings and Hants Counties, when a new local branch, to be known as the Valley Branch, was organized. Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville, was appointed president, with Miss Anne Slattery, of Windsor, and Miss Annie Foster, of Berwick, as vice-presidents, and Miss Eloise Newcombe, Wolfville, as secretary-treasurer.

ONTARIO

DISTRICT 1

LONDON: The November meeting of the Victoria Hospital Nurses' Alumnae Association was held at the home of the honorary vice-president, Mrs. A. E. Silverwood, Dufferin Avenue, with 89 members in attendance. Miss H. M. Stuart and Miss M. Jones presided over the tea cups. Mrs. Silverwood is a former superintendent of nurses at the Victoria Hospital.

DISTRICTS 2 AND 3

KITCHENER: Nurses from Owen Sound, Guelph, Stratford, Brantford, Galt, Woodstock, Simcoe and other centres attended the annual meeting of Districts 2 and 3 of the R.N.A.C. Miss Alice Bingham presided and at the election period was re-elected to the presidency with the following executive: vice-president, Miss A. Potts, Woodstock; secretary-treasurer, Miss F. Kudoba, Stratford; chairman of nursing education section, Miss R. M. Hamilton, Stratford; chairman of public

health section, Mrs. Mitchell, Brantford; chairman of private duty section, Miss Davidson, Woodstock; councillors, Miss McDonald, Galt; Miss L. Ferguson, Guelph; Miss Smith, Orangeville; Miss Booth, Simcoe; Miss Cook, Woodstock. Dr. McGanity gave an address on "The unequal distribution of nursing service" and was of the opinion that legislation might be forthcoming shortly that would provide nursing service for all who required it. Over 130 delegates were in attendance.

DISTRICT 4

HAMILTON: Miss C. Livingstone, formerly of the social service department of the H.G.H., has joined the nursing staff of the Public Health Department of Hamilton. Miss M. Gosnell, formerly supervisor of the private wards, H.G.H., is taking the course in teaching and administration at the School of Nursing of the University of Toronto. Miss J. Souter has been appointed supervisor of the private wards, and Miss I. Farmer of Ward One. The annual bazaar of the Alumnae Association was held on Nov. 17, when the sum of \$320.00 was realized in aid of the mutual benefit fund.

MARRIED: On Nov. 29, 1934, Miss Catherine May Chapple, to Mr. Thomas Edmond Bingham.

MARRIED: On Nov. 17, 1934, Miss Dorothy Cockfield, to Mr. William C. Stamp.

DISTRICT 5

TORONTO: Members of District 5 R.N.A.O. met at dinner on Nov. 17 in honour of Dame Janet Campbell. Miss Marian Yeigh, president of the Toronto Branch, Canadian Association of Social Workers, and Miss Margaret Gould, secretary of the Child Welfare Council, Toronto; guests of the district, were at the head table with the chairman, Miss Dorothy Mickleborough, Miss Florence Emory, past president of the C.N.A., and Miss Marjorie Buck, president of the R.N.A.O. Nurses were present from Oshawa, Oakville, Hamilton and Brantford. Dame Janet spoke of the work of nurses in the field of public health in England and, in reply to questions, outlined the set-up and programme of the Health Organization of the League of Nations and described the new hospital for postgraduate work in medicine which will shortly be opened in London.

TORONTO GENERAL HOSPITAL: At the fall meeting of the Alumnae Association of the Toronto General Hospital the members had the opportunity of hearing Mr. Campbell McInnis speak on "Music in the Community." Mr. McInnis is an authority on the history of music and its interpretation. Members later

had an opportunity to meet Mr. McInnis. Miss Gretta Ross (T.G.H., 1916), who has been in charge of social service at the Hospital for Sick Children, has been granted a year's leave of absence to take postgraduate work at Bedford College, London. Before leaving she was presented with a purse of English money by the Heather Club. Miss Helen Melville (T.G.H., 1892), who served forty years as a missionary in Africa, has recently retired.

MARRIED: On July 28, 1934, Miss Christena Babzener (T.G.H.), to Mr. Wesley Christie.

MARRIED: On Aug. 23, 1934, Miss Hazel Barnum (T.G.H., 1930), to Mr. Ray Spence.

MARRIED: On Aug. 7, 1934, Miss Violet Hartman (T.G.H., 1923), to Mr. George Hannager.

MARRIED: On Aug. 18, 1934, Miss Laura Sturdy (T.G.H., 1931), to Mr. Norman Paget.

MARRIED: In July, 1934, Miss Georgine Wales (T.G.H., 1932), to Mr. J. Rowland.

TORONTO: Dame Janet Campbell spoke to the board members, staff and guests of the Victorian Order of Nurses on November 16. In discussing maternity service in a community programme, Dame Janet was most generous in answering many questions from the floor. Miss Muriel Winter, supervisor of Central District V.O.N., and in charge of student field work, is spending two weeks in New York. She is a graduate of Toronto General Hospital and of the course in public health nursing in the University of Toronto. In 1927 she was granted a Rockefeller Fellowship for special study at Columbia University and observing public health activities in the United States. She is now studying programmes for student affiliation at Henry Street and Brooklyn Visiting Nurse Associations.

TORONTO WESTERN HOSPITAL: On Nov. 27 the ladies of the board and the nurses of the Western and Grace Divisions of the Toronto Western Hospital were honoured by Her Excellency the Countess of Bessborough when she visited the Edith Cavell Residence of the Western Hospital. Nurses in uniform formed a guard of honour and, after being welcomed by Mrs. Frank R. Scott and Dr. Augusta Stowe-Cullen, the guest of honour replied most charmingly to an address given by the president of the Board. Her Excellency was accompanied by Miss Ellis, the superintendent of nurses, on her inspection of the residence. During the winter months, the nursing staff of the Western Division of the Toronto Western Hospital will conduct their business meetings every two weeks under the direction of Miss Beatrice Ellis, superintendent of nurses. It has already been their pleasure

recently to listen to visiting speakers, including Dr. Best, National Secretary of the Y.M. C.A. for Canada, who vividly portrayed "Objectives for an ideal personnel for nursing administration," and to Dr. G. Shanks, chief pathologist of the hospital, who told of a course in laboratory work which he had pursued in Europe last summer. Miss Wickson, a member of the staff of the Toronto Library, reviewed a number of new books. Miss V. Young and Miss M. Hall have finished postgraduate courses in the Montreal Maternity Hospital. Miss V. Wanless is taking postgraduate work in obstetrics. Miss B. McCutcheon and Miss B. Post are taking courses in operating-room technique at the Michael Reese Hospital, Chicago. Miss M. Campbell (1931) has received the H. A. Beatty Scholarship for the teaching and administration course at the McGill School for Graduate Nurses this year. Miss M. Weir (1932), who completed the same course after having received the H. A. Beatty Scholarship, is now preparing for missionary service at the Presbyterian Deaconess Training School.

DISTRICT 5

TORONTO: A most enjoyable luncheon was tendered recently to Miss Edith MacPherson Dickson by the President and Board of Directors of the Toronto Hospital for Consumptives, at Weston. The luncheon was held in a private dining-room in the Royal York Hotel and covers were laid for sixty. The guests included the immediate members of Miss Dickson's family, the members of the Board of Trustees and their wives, the superintendents of nursing of the Toronto hospitals, and heads of other nursing departments, together with members of the nursing and medical staff of the Toronto Hospital. Mr. E. L. Ruddy, president of the board, presided and explained that the purpose of the luncheon was to pay tribute to the work of Miss Dickson. He spoke feelingly of her twenty-nine years of devotion to the Hospital and of the regret at her retirement. Dr. W. J. Dobbie, Physician-in-Chief, was called upon to propose a toast to the guest of honour, and this was seconded by Mr. J. J. Gibson, vice-president of the board. Dr. Dobbie cited many incidents pertaining to the pioneer days of the Toronto Hospital and included in his tribute reference to Miss Dickson as Lady Superintendent of the Hospital, a position including the direction of eight major departments; the founding of the Connaught Training School for Nurses; the organization of the department for the inspection of training schools in Ontario, and to her work in the Canadian Nurses Association. Mr.

J. J. Gibson, after endorsing Dr. Dobbie's remarks, presented Miss Dickson, on behalf of the Board of Trustees, with a cheque as a tangible evidence of good wishes for her future. Miss Dickson responded most graciously, thanking the board for their co-operation and including in her appreciation kindly reference to all who had stood loyally by her during her tenure of office.

TORONTO: The nurses of the Hospital for Incurables recently held an amusing auction sale, and on Nov. 24 gave an afternoon tea. The proceeds of these two successful affairs are to be used for Christmas cheer baskets.

DISTRICT 6

BELLEVILLE: The annual meeting of District 6 was held recently at the General Hospital with the president, Miss Anderson, in the chair. The three chapters were all represented. The report from Chapter A was presented by Miss Fitzgerald, from Chapter B by Miss Rundle, while Miss Price reported for Chapter C. Miss Walsh reported on the publications committee for *The Canadian Nurse*, and Mrs. Leeson on the Permanent Education Fund, which is paid up with the exception of \$15.00 still to be raised in addition to \$60.00 already contributed for 1934. The election of officers for 1935 was as follows: President, Miss F. Fitzgerald, Belleville; vice-president, Miss Graham, Bowmanville; secretary-treasurer, Miss H. Fitzgerald, Belleville; Private Duty Section, Miss Watson, Peterborough; Public Health Section, Miss M. McKenzie, Lindsay; convener, Permanent Education Fund, Miss McIndoo, Belleville; representative to *The Canadian Nurse*, Miss Walsh, Peterborough; membership committee, Miss Simpson, Peterborough; nominating committee, Miss Collier, Belleville; Mrs. La Planta, Peterborough; Miss Black, Port Hope.

BELLEVILLE: Miss Florence Fitzgerald has been appointed to the staff of the Ontario School for the Deaf. We were pleased to hear of the appointment of Miss Bessie Soutar (B.G.H., 1924) as Victorian Order Nurse in Belleville.

BELLEVILLE: The annual meeting of Chapter A was held at the Picton Hospital on Nov. 9, when Miss F. Fitzgerald acted as chairman and new officers were elected. Miss Fitzgerald spoke on her work as a nurse at the School for the Deaf, and Miss Youman on surgical tuberculosis. Refreshments were served by Miss Carson and her staff.

PETERBOROUGH: The annual meeting of the Nicholl's Hospital Alumnae Association was held on Nov. 7 with a large attendance. A review of the year's work was given by the

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president, Miss Dobbin. Twenty-five dollars was donated to the Peterborough Health Association.

DISTRICT 8

OTTAWA: A general meeting of District 8 was held at the Royal Ottawa Sanatorium on Nov. 7, with one hundred and fifty present and Miss Blanche Anderson presiding. An address was given by Dr. J. G. Wherrett of the Anti-Tuberculosis Association, followed by a demonstration of technique in the care of tuberculous patients by Miss M. Stewart. Miss Alberta Shafer gave an excellent interpretation of the Rabinowitch diet and Dr. Fisher a most interesting address on "New therapeutic agents and their use." Miss Stewart and her assistants served tea from a beautifully appointed table.

OTTAWA: A well attended meeting of the Private Duty Section was held on Nov. 12, when the question, "Resolved that eight-hour duty is desirable for private duty nurses" was debated by four members of the Section. The judges—a doctor, a teacher and an institutional nurse—gave their decision in favour of the affirmative.

OTTAWA CIVIC HOSPITAL: "Resolved that eight-hour duty would be more beneficial than the present twelve-hour schedule" was the subject of a keen and interesting debate held by the Alumnae Association of the Ottawa Civic Hospital on Nov. 16. Miss M. Lamb acted as leader of the affirmative, assisted by Miss E. Fletcher. Miss P. Hough led the negative, assisted by Miss H. Melanson. Miss B. Hall of the Victorian Order of Nurses, Miss I. Brunet of the Glebe Collegiate Staff, and Dr. I. G. Smith kindly acted as judges. The affirmative won. Dr. Smith commended the debaters on their study and comprehension of this increasingly interesting subject. Approximately one hundred and thirty graduates attended this meeting, which was open to all nurses.

MARRIED: On Nov. 20, 1934, Miss Winnifred Mae Drake (O.C.H., 1929), to Mr. Thomas Brown.

DISTRICT 9

NORTH BAY: Miss M. I. Sanderson (Western University, 1926) has been appointed public health nurse at Callender, Ont. Miss M. A. Cloutier (Western University, 1933) has been appointed public health nurse at North Bay. A delightful bridge party was held recently under the auspices of the North Bay Chapter, District 9, R.N.A.O.

SAULT STE. MARIE: Arrangements have been made between the Board of Health and the Public Health Department to have the school children given the thyroid treatment;

some thousand school children will be administered iodine. A bridge party was held recently at the home of Miss E. Hoodless. During November a pot luck supper was held at the Plummer Memorial Hospital. The guests also enjoyed a musical programme.

QUEBEC

QUEBEC: The Alumnae Association of Jeffrey Hale's Hospital held their annual meeting on Nov. 5, when the election of officers resulted as follows: Hon. president, Mrs. S. Barrow; president, Miss N. Martin; first vice-president, Miss M. Allison; second vice-president, Miss H. MacKay; recording secretary, Miss D. Wheeler; corresponding secretary, Miss M. Fischer; treasurer, Miss E. McHarg; representative to *The Canadian Nurse*, Miss E. McCallum; representative to Private Duty Section, Miss E. Walsh; sick visiting committee, Mmes. S. Barrow and L. Teakle; refreshment committee, Misses F. Ascah, Allison, Eager and Matthews; councillors: Misses F. Imrie, D. Jackson, C. Kennedy, G. Martin and Mrs. C. Young.

QUEBEC: A meeting of the Alumnae Association was held on Dec. 3, when Miss H. MacKay gave an interesting talk on pioneer nursing in Northern Ontario. At the recent graduation exercises five nurses received their pins and diplomas. Mrs. Ross Strang presented the pins and Dr. Percival addressed the graduates. The class included the Misses K. Z. Ross, R. Mountain, R. Read, I. Gourlay and M. Doddridge. Miss C. Kennedy is in charge of the Douglas Wing of the Jeffrey Hale's Hospital and Miss F. Ascah of the Private Floor. The Misses Allison and Read are leaving shortly to take a postgraduate course at the Alexandra Hospital, Montreal. Miss Shannon has returned to Quebec, having completed a postgraduate course in infectious diseases at the Alexandra Hospital. Miss D. Ross is taking a postgraduate course in tuberculosis nursing at Ste. Agathe Sanatorium.

MARRIED: On Oct. 13, 1934, Miss Ivy Nichol (J.H.H., 1927), to Mr. K. MacDonald.

MARRIED: On Oct. 20, 1934, Miss M. Semple (J.H.H., 1928), to Mr. A. Rieger.

SHERBROOKE: The Metropolitan Life Insurance Company held an institute for its nurses in the Province of Quebec on November 5 and 6 at the St. Vincent de Paul Hospital, Sherbrooke. There were twenty-three Metropolitan nurses present, representing different cities and towns in the province, and four nurses from Montreal, representing the Metropolitan nursing staffs there, and one representative from the Quebec City nursing staff. Two supervisors were present, Miss

M. Taschereau and Miss E. Lynch. The latter gave a paper on her work with the Association of Registered Nurses in the Province of Quebec. Others invited were Sister Adeline, Sister Superior of the Hospital; Sister Bouffard, Directress of Nurses; Victorian Order nurses in Sherbrooke and the nurses from the Assistance Maternelle and Health Center. The institute was presided over by Miss Alice Ahern, assistant superintendent of nursing, and was attended by Mrs. Helen C. Lamalla, superintendent of nursing, New York. Dr. Bertrand, chief surgeon at the St. Vincent de Paul Hospital, gave a conference on "Differential diagnosis of acute illnesses of the abdomen", and a clever demonstration of bladder irrigation was given by two pupil nurses. The conferences and demonstrations which completed the two-day programme were given by Metropolitan nurses.

SASKATCHEWAN

PRINCE ALBERT: The Prince Albert Graduate Nurses Association entertained on Nov. 6 at the Sanatorium. The guests were received by Mrs. M. Cooper, vice-president; Miss Mary Montgomery and Miss Phyllis Playford. A musical programme was rendered by the Misses I. Carlton, M. Collins, W. McGuire, M. Buese, E. Johnson, M. Larson, J. Grey and Mr. Gus Carrier. The social committee was under the convenership of Miss G. Halliday.

SASKATOON: A film on the hospital care of children, prepared for the Saskatchewan Hospital Convention, was shown at a recent meeting of the Alumnae Association of the Saskatoon City Hospital.

MARRIED: On Nov. 12, 1934, Hazel Lipsett (S.C.H., 1930), to Mr. Joseph Harry Davey.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

OTTAWA: On Armistice Day, the Ottawa Unit of the Overseas Nursing Sisters' Association of Canada joined the Nursing Division of the Canadian Legion of Honour in paying tribute to their comrades of other days. Immediately following the ceremony at the Cenotaph on Parliament Hill members of these two groups proceeded to the Nurses Memorial in the Hall of Fame, Parliament Buildings, where the Hon. R. J. Manion and Lady Perley spoke feelingly of nursing sisters' war-time services. Beautiful wreaths and baskets of flowers were placed by nursing sisters representing the following organizations: The Canadian Nurses Association; The Overseas Nursing Sisters' Association; Post 162, American Legion, St. Paul, Minnesota, U.S.A., in memory of Jean Templeman; London Unit, O.N.S.A. of Canada, London, Ont.; Miss Flora Scrimm, in memory of Janet Williamson; Alumnae Association, Ottawa General Hospital, Ottawa; Alumnae Association, Lady Stanley Institute, Ottawa; St. Luke's Alumnae Association, Ottawa; Ottawa Branch, Nursing Sisters of the Canadian Legion; Ottawa Unit, Overseas Nursing Sisters' Association of Canada. The annual Remembrance Day dinner of the Ottawa Unit was held on Nov. 12, with Mrs. C. A. Young presiding and forty-one other members present. After dinner the annual meeting was held and reports described the activities of the Unit. The following officers were re-elected: Honorary president, Miss M. MacDonald; honorary past president, Mrs. Coghill; president, Mrs. C. A. Young; vice-president, Mrs. Gwendolen Spalding; treasurer,

Miss Gertrude Halpenny; secretary, Miss Blanche Anderson.

HALIFAX: The annual dinner of the Halifax Unit of the O.N.S.A. was held on Nov. 10, when Miss Marion Haliburton was elected as president for the coming year.

MONTREAL: At the Remembrance Day ceremonies, Miss Enright, president of our unit, placed a poppy wreath at the Cenotaph. About thirty Nursing Sisters were present. A delightful Remembrance Day "at home" was given by our unit at the Armoury of the Black Watch (Royal Highlanders) of Canada on Nov. 11, when the Sisters were "at home" to the Commandant of Military District No. 4, Brigadier-General W. W. P. Wilson, C.M.G., D.S.O., O.B.E., his staff, with their wives, to all the medical officers who served overseas, their wives, and to the guests of the Sisters. Miss Enright, our energetic and enthusiastic president, with Mrs. Flemming, the wife of Col. Flemming, Commanding Officer of the Highlanders, received the guests, which numbered over two hundred. It was a wonderful re-union and the atmosphere of our mess teas was recaptured during these short hours. Mrs. A. J. MacDonald and Miss M. Galbraith presided at the tea table. On Sunday, Nov. 18, twenty-eight sisters attended a Parade Service at the Melville Presbyterian Church, with the veterans of the C.A.M.C. and the officers and men of the Sixth and Ninth Field Ambulance.

TORONTO: The Toronto Unit of the O.N.S.A. held its Armistice dinner on Nov. 10, when 155 members sat down to dinner. At

the head table were Miss Ruby Hamilton, Miss Gamble, Mrs. Hanna, Mrs. Spence, Mrs. Craig, Mrs. Bell, past president of the unit; Col. O. Fallis, Capt. and Mrs. Lambert, Capt. and Mrs. Wray Fairweather, and members of the executive. The war-time blessing was repeated by Padre Lambert. There were six vacant chairs and a minute's silence was observed in memory of Sisters Janet Morin, Ina Grenville, Jessie Reynolds Mills, Ann Coulter, Katherine Barden and Helen Shearer. Miss Hamilton introduced the guest speaker, Col. the Rev. Geo. O. Fallis, D.D., C.B.E., who stressed the necessity of carrying on a great war—not one of arms, but a war of peace. Capt. Fairweather outlined the tentative plans for the Crusade to Vimy in June, 1936, and the low expense rate he quoted was greeted with applause while each planned in her own mind the possibility of joining. Sisters from Hamilton, Guelph, Oakville and Oshawa were present and the evening was a very happy one.

VANCOUVER: The Vancouver Unit held its annual Armistice dinner on Nov. 10, with Mrs. E. Helliwell acting as convener. Receiving with the president, Miss Laura Holland, C.B.E., A.R.R.C., were Mrs. J. Rose, Miss B. Bennett and Miss F. McDiarmid. Seated at the head table were the president, Miss M. McBride of Victoria, Miss J. Matheson, Miss K. Conway-Jones, Miss B. Swan, Miss E. V. Cameron, Mrs. B. Heyer, Miss S. Heaney and Mrs. A. W. Hunter. A telegram from the American Legion Nurses at Portland was read and a basket of yellow chrysanthemums was also received from them. Miss J. Johnston, past president, proposed a toast to the guests which was replied to by Miss M. McBride. With the

Amputation Club and the 2nd Infantry Brigade also holding dinners in adjoining rooms, the affair became a real re-union. Mr. Jack, of the former club, extended greetings and invited the Sisters to enjoy part of the Amputation Club programme, a visit reminiscent of overseas days and battalion concerts behind the line. A play, arranged by Miss Mary McLane, was given by several Sisters, and Mr. Carden, of the 2nd Infantry Brigade, showed some moving pictures of actual scenes on the battle field. Others present were: Mmes. C. McDiarmid, J. T. Wall, F. W. Crickard, Slevin, D. Smith, J. R. Bayne, A. Y. McNair, D. McKenzie, J. O. McCabe Rogers, J. Shepherd, K. Robinson, R. E. Coleman, G. Appelbee, A. W. Lang, J. M. Brough, A. K. Cunningham, A. Valentine, R. Caswell, K. Brown, E. White, Misses P. Prinsep, P. Stewart, H. Rice, H. Stark, M. E. Sabel, Gardiner, O. Bentley, E. Cresswell, H. Jukes, H. Baynes, D. Jefferson, I. Sims, M. Steele, H. Munslow, M. Hodge, L. Sanders, L. Brand, B. McNair, E. Martin, D. Oliver, A. Rodd, M. Duffield and Thomas. Miss Edith Lumsden is convalescing in Edmonton and expects soon to return to duty. Miss M. Thomas of Brithdar, Sask., formerly on the staff of Shaughnessy Hospital, is spending a holiday in Vancouver.

VICTORIA: The O.N.C. of Victoria celebrated Armistice Day by holding a tea on Nov. 10. Those present were Mesdames Dixon, Towill, McAuley, O'Leary, Fletcher, Hannay and Hunt. Misses Bradshaw, Benvie, Franks, Forbes, Kay, Morrison, Macdonald, McVitty, Benthoun, Williams and others. The new officers are: President, Mrs. Towill; vice-president, Miss Kay; secretary-treasurer, Miss A. Forbes.

OBITUARY

SCOVIL—On Nov. 20, 1934, the death occurred in England, at the home of her brother, of Elizabeth Robinson Scovil at the great age of 86 years. She was born in Saint John, N.B., and was a member of a distinguished New Brunswick family of Loyalist descent. In 1878 she entered the Training School of the Massachusetts General Hospital in Boston. While in training she commenced her writing career. Her articles on nursing found ready publication in magazines and the hospital authorities tendered Miss Scovil a vote of thanks for the assistance her writings proved in enlisting young women for training. In the early 90's, she became associate editor of the *Ladies' Home Journal* and was in charge of the mother's department. During these

years she wrote books on the care of children and preparation for motherhood that are still in demand. Even so long a life as Miss Scovil's seemed hardly to afford time for the many activities in which she engaged. She was a member of the staff of the *American Journal of Nursing* for 20 years, and for 12 years a regular contributor to *The Canadian Nurse*. For 10 years she had charge of the Infirmary at St. Paul's School, Concord, N.H., and later was superintendent of the Newport Hospital, Newport. She had the privilege of meeting Florence Nightingale when on a visit to England and was called upon by Lady Aberdeen to assist in the formation of the Victorian Order of Nurses.

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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 229-8th Ave. N.W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (2) Miss L. Mitchell, Royal Jubilee Hospital, Victoria; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Mildred Reid, Nurses Residence, Winnipeg General Hospital, Winnipeg; (2) Miss G. Thompson, Misericordia Hospital, Winnipeg; (3) Miss E. McKelvey, 603 Medical Arts Building, Winnipeg; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Lenta G. Hall, Victorian Order of Nurses, Halifax; (2) Miss H. Jones, Victoria General Hospital, Halifax; (3) Miss M. O. Gray, New Glasgow; (4) Miss C. MacLean, 97 South Kline St. Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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COUNCILLORS—Alberta: Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba:** Miss G. Thompson, Misericordia Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss H. Jones, Victoria General Hospital, Halifax. **Ontario:** Miss S. M. Jamieson, R.R.1, Brantford. **Prince Edward Island:** Miss F. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss Annie Lawrie, General Hospital, Regina.

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COUNCILLORS—Alberta: Miss J. Clow, 229-8th Ave. N.W., Calgary. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Mani-**

Ontario: (1) Miss Majorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, R.R.1, Brantford; (3) Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss Dorothy McKenna, Summerside; (4) Miss M. Gamble, 51 Ambrose St. Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Christine Dowling, 1246 Bishop Street, Montreal; (4) Miss C. M. Watling, 1230 Bishop Street, Montreal.

Saskatchewan: (1) Miss Edith Anas, City Hospital, Saskatoon; (2) Miss Annie Lawrie, General Hospital, Regina; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs., Regina; (4) Miss Helen Wills, 2840 Robinson St., Regina.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, Central Alberta Sanatorium, Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11107-82nd Ave., Edmonton; *Chairmen of Sections: Nursing Education:* Miss J. A. Connal, General Hospital, Calgary; *Private Duty:* Miss J. C. Clow, 229-8th Ave. N.W., Calgary; *Public Health:* Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Graduate Nurses Association of British Columbia

President, M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education:* L. Mitchell, Royal Jubilee Hospital, Victoria; *Public Health:* M. Duffield, 175 Broadway East, Vancouver; *Private Duty:* Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria; *Councillors:* M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss M. Reid, Winnipeg General Hospital; First Vice-President, Miss S. Wright, Metropolitan Life, Winnipeg; Second Vice-President, Miss C. McLeod, Brandon General Hospital; Third Vice-President, Sister Krause, St. Boniface Hospital; Members of Board: Miss M. Lang, Miss E. Carruthers, Sister Mary, Miss K. W. Ellis, Miss K. McLearn, Miss M. Meehan, Miss E. Johnson, Sister St. Albert; *Conveners of Sections: Public Health:* Miss E. McKelvey; *Private Duty:* Miss K. McCallum; *Nursing Education:* Miss G. Thompson, Misericordia Hospital, Winnipeg. *Committee Conveners:* Directory, Miss J. Kerr, 74 Cobourg Ave.; Social, Miss S. Pollexfen, 954 Palmerston Ave.; Sick Visiting, Miss L. Gray, Victorian Order of Nurses; Membership, Miss E. Ironside, Winnipeg General Hospital; Librarian, Miss W. Grice and Miss A. Starr, 753 Wolsley Ave.; Press and Publication, Miss E. Banks, 64 Cross St.; *Representatives:* Local Council of Women, Mrs. Willard Hill and Mrs. Emmett Dwyer; Central Council of Social Agencies, Miss F. Robertson; Victorian Order of Nurses, Miss E. A. Russell; Junior Red Cross, Miss E. Parker; Red Cross Enrolment, Mrs. J. F. Morrison; Executive Secretary and Registrar, Mrs. Stella Gordon Kerr.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch; Second Vice-President, Miss Myrtle E. Kay; Honorary Secretary, Rev. Sister Kenny; *Council Members:* Miss Florence Coleman, Miss H. S. Dykeman, Mrs. A. G. Woodcock, Miss Elsie M. Tulloch; *Conveners: Public Health Section,* Miss Ada A. Burns; *Private Duty Section,* Miss Mabel McMullen; *Nursing Education Section,* Sister Kerr; *Committee Conveners: The Canadian Nurse,* Miss Kathleen Lawson; *Constitution and By-Laws,* Miss S. E. Brophy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John, N.B.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Miss Sarah Archard, Victoria General Hospital, Halifax; Second Vice-President, Miss Anna Hilcoat, Amherst; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy

Percy, 7 Queens Park Cres., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willecocka St., Toronto; *Chairmen: Nurse Education Section,* Miss S. Margaret Jamieson, R.R. No. 1, Brantford; *Private Duty Section,* Miss J. L. Church, 120 Stratheona Ave., Ottawa; *Public Health Section,* Mrs. Agnes Haygarth, 19 Dromore Cres., Westdale, Hamilton; *District No. 1:* Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss Mildred Chambers, Institute of Public Health, London; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss Edith Jones, 253 Greenwich St. Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, 20 Humewood Court, 9 Humewood Drive, Toronto; Secretary-Treasurer, Miss Isabelle Park, 1348 Yonge St., Toronto; *District No. 6:* Chairman, Miss Helen M. Anderson, 709 Water St., Peterborough; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterborough; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss Mary Acland, Stratheona Hospital, Ottawa; *District No. 9:* Chairman, Miss Elizabeth Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium, P.O., Gravenhurst; *District No. 10:* Chairman, Miss Vera Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Mrs. W. J. Burney, Arden Gold Mines, Kashabowie, Ont.

District No. 8 Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital; Treasurer, Miss M. E. Acland; *Councillors:* Misses G. Clarke, A. Ebbs, M. Graham, E. C. McIlraith, M. H. Hall, M. Slinn; *Committee Conveners:* Membership, Miss G. Clarke; Publications, Miss E. C. McIlraith; *Nursing Education,* Miss E. C. McIlraith; *Private Duty,* Miss J. L. Church; *Public Health,* Miss H. O'Meara.

District No. 9 Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium, P.O., Gravenhurst; *Councillors:* Rev. Sister Fidelis, Miss Mina Caron, Miss H. Jordan, Miss H. Atkinson, Miss G. Rowden, Rev. Sister Felicitas.

District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Mrs. W. J. Burney, Arden Gold Mines, Kashabowie, Ont.; *Councillors:* Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Conveners of Sections: Nursing Education,* Miss F. Lavers, Prince Co. Hospital, Summerside; *Public Health,* Miss Dorothy McKenna, Summerside; *Private Duty,* Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse,* Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, C. M. Watling, Rév. Mère M. V. Allaire, Rév. Soeur Ste. Ildora; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Esther Beith, Child Welfare Association, Forum Bldg., Montreal; Hon. Treasurer, Miss M. E. Nash, Victorian Order of Nurses, 1246 Bishop St., Montreal. *Other Members:* Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Rév. Soeur St. Jean de l'Eucharistie, Hôpital Notre Dame, Montreal, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Mademoiselle Alexina Marchessault, Ecole d'Hygiène Social Appliquée, Université de Montreal. *Conveners of Sections:* *Private Duty*, (English), Miss C. M. Watling, 1230 Bishop St., Montreal; *Private Duty* (French), Mademoiselle Alice Lepine, Hôpital Notre Dame, Montreal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin, Que; *Public Health*, Miss Christine Dowling, Victorian Order of Nurses, 1246 Bishop St.,

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; Second Vice-President; Miss Jean B. McDonald, 1122 Rae Street, Regina; *Councillors:* Miss Edith Stocker, Sanatorium, Saskatoon, Miss R. M. Simpson, Dept. of Health, Regina, *Conveners of Standing Committees:* *Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeny, Dept. of Health, Regina, *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss Margaret A. Ross, 45 Angus Cresc., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss Turner; Second Vice-President, Miss O'Brien; Recording and Corresponding Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Treasurer, Miss Gavin; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President; Mrs. M. Tobin; Second Vice-President, Miss M. Gilchrist; Secretary, Miss A. McLeod, 2 Diana Court; Treasurer, Miss F. Smith; *Committee Conveners:* Membership, Miss A. Allan; Flower, Mrs. W. Fraser; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, The Canadian Nurse, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, superintendent Kootenay Lake General Hospital; President, Miss V. B. Edd; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie; Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Mrs. Westman, 800 Cassair St., Vancouver; First Vice-President, Miss Jane Johnstone, Steveston, B.C.; Second Vice-President, Miss E. Berry, St. Paul's Hospital; Secretary, Miss F. Walker, Vancouver General Hospital; Treasurer, Miss L. Archibald, 536 West

12th Ave.; *Council:* Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. *Finance*, Miss Teulon, 1385 West 11th Ave.; *Directory*, Miss K. Motherwell, 1947 West 10th Ave.; *Social*, Miss A. J. MacLeod, Vancouver General Hospital; *Programme*, Miss B. Donaldson, St. Paul's Hospital; *Sick Visiting*, Miss C. Cooke, Vancouver General Hospital; *Membership*, Mrs. Blankenbach, 1816 West 36th Ave.; *Local Council of Women:* Misses Duffield and Gray; *Press*, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; *Executive Committee:* Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; First Vice-President, Mrs. L. Fletcher; Second Vice-President, Miss V. Vance; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committee Conveners:* Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgins; Social and Programme, Mrs. E. Hanna; Cook Book, Mrs. A. Kains; Private Duty, Mrs. L. Fletcher, Miss Isobel Knox; Registry, Miss C. MacLeod.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins-Representative to The Canadian Nurse, Miss C. Hornby, Box 324, Sherbrooke; Representative, Private Duty Section, Miss E. Morrisette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners: Programme*, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; *Executive: Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivray, K. McDonald.*

A.A., Vancouver General Hospital

President, Miss M. Lunan; First Vice-President, Mrs. C. H. C. Bell; Second Vice-President, Mrs. K. Craig; Secretary, Miss I. Collier; Corresponding Secretary, Miss K. Heaney, Vancouver General Hospital; *Committee Conveners: Programme*, Miss A. Croll. Membership, Miss V. Peters; Sick Benefit, Mrs. Maitland; Refreshments, Miss J. Hunter; Press, Mrs. G. E. Gillies; Treasurer and Bonds, Miss Geary, 3176 West 2nd Ave.; Representative, V.G.N.A., Miss Rhodes.

Royal

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss J. Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss M. Mirfield; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. M. Cox; Treasurer, Miss J. Stewart; *Committees: Entertainment*, Mrs. Russell; Sick Visiting, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt Children's Hospital; Treasurer, Miss F. McLeod; Sick Visiting, Miss Ditchfield; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K. McCallum, 181 Enfield Cr., Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriner's Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; *Social Committee: Miss E. Banks (Convener)*, 64 Cross St., Winnipeg, Miss J. Williamson, Miss A. Nelson; *Sick Visiting Committee: Miss T. Grenville (Convener)*, 211 Hill St., Norwood; Miss K. Rowan, Miss J. Greig; *Press Representative*, Miss B. Altman, 420 College Ave., Winnipeg; *Representatives to Local Council of Women: Miss B. Altman (Convener)*, Miss B. Chandler, Miss M. Spooner.

A.A., Winnipeg General Hospital

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NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee: Miss Margaret Murdoch*, Miss R. Reid, Mrs. J. H. Vaughan.

ST. STEPHEN

A.A., Chipman Memorial Hospital, St. Stephen

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WOODSTOCK**A.A., L. P. Fisher Memorial Hospital, Woodstock**

Hon. President, Miss Elsie Tulloch; President, Mrs. Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; *Board of Directors*: Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners*: Programme, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cumminge, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO**BELLEVILLE****A.A., Belleville General Hospital**

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss H. Fitzgerald; Secretary, Miss M. J. Youmans; Treasurer, Miss I. Chatterson, General Hospital; Flower Committee, Miss B. McEwan; Representative to *The Canadian Nurse*, Miss F. Fitzgerald.

BRANTFORD**A.A., Brantford General Hospital**

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Mrs. Jas. Davidson; Secretary, Miss E. Cunningham; Assistant-Secretary, Miss L. Van Every; Treasurer, Miss L. R. Gillespie; *Committee Conveners*: Social, Miss M. Hollister; Flower, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; Gift, Mrs. E. Claridge, Miss J. Edmondson; *Canadian Nurse* and Press Representative, Miss H. Diamond; Chairman of Private Duty Section, Miss P. Cole; Representative to Local Council of Women, Miss R. Claves.

BROCKVILLE**A.A., Brockville General Hospital**

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CHATHAM**A.A., Public General Hospital**

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A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Ruth Winter; Vice-President, Miss N. Kearns; Secretary-Treasurer, Miss J. Lundy, 112 Van Allen Ave.; *Executive Committee*: Misses H. Gray, I. Poissant, Z. Martin, Mrs. R. Hodgins; Representative District No. 1, R.N.A.O., Miss Jessie Ross; Representative to *The Canadian Nurse*, Miss Y. L. Chauvin.

CORNWALL**A.A., Cornwall General Hospital**

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GALT**A.A., Galt Hospital**

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GUELPH**A.A., Guelph General Hospital**

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HAMILTON**A.A., Hamilton General Hospital**

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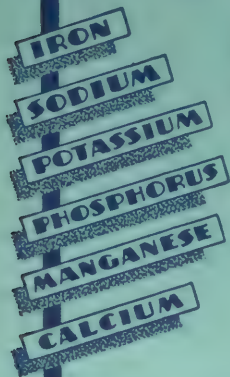


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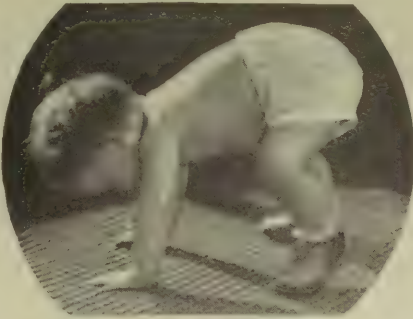
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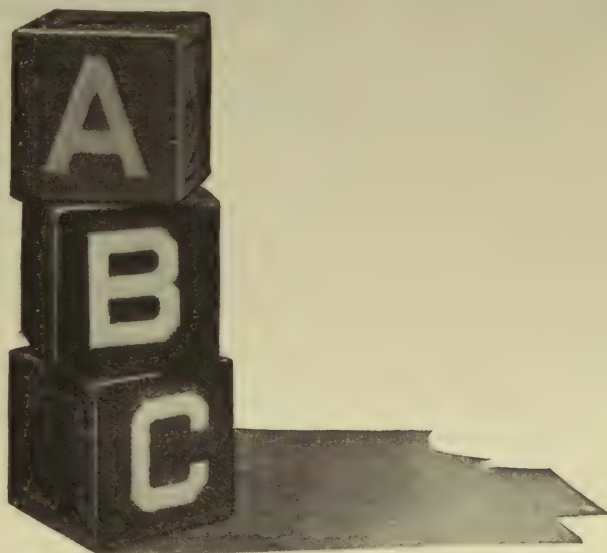
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THE MONTREAL NEUROLOGICAL INSTITUTE

EILEEN C. FLANAGAN, B.A., Reg. N., and HELEN M. EBERLE, Reg. N.

The opening of the Neurological Institute has greatly enriched the research and teaching facilities, not only of McGill University and its medical school, but also of the hospitals of Montreal. This remarkable institution, unique in Canada, is the tangible outcome of the response of the Rockefeller Foundation and other interested groups and individuals to the desire of Dr. Wilder Penfield and his associates for opportunities to carry on research while giving care to patients suffering from diseases associated with the nervous system.

The task of carrying on the work of the Institute has been assigned to a group of neurologists and neuro-surgeons together with other members of the medical staffs of Montreal hospitals, including the hospitals of Notre-Dame and Hôtel Dieu. The fact that the mechanism which keeps all other parts of the body functioning and co-ordinates all vital activities lies within the nervous system means that the most fundamental life processes of the patient are involved and gives to the task its crucial importance.

The building itself, designed by the Canadian architects, Ross and Macdonald, is a model of simplicity and beauty and its symbolism is well described by Dr. Colin K. Russel in his article published in the September number of *The McGill News*:

On the outside of the building there are inserted in various places, decorative designs

which have appropriate significance. At the third floor level, above the entrance, are seen two types of ancient trephines used in France by Guy de Chauliac in the fourteenth century. On the south-west corner is a stone tablet done from a drawing by Dr. Penfield, the inscription on which reads "Dedicated to relief of sickness and pain and to the study of neurology." On either side of this inscription there are the conventionalized forms of the brain and spinal cord; above it all, the rays of the rising sun of a new era.

The entrance hall, the decoration of which was carried out by Barnet Phillips of New York, is symbolic in character. In a recess, facing the entrance, stands the beautiful statue by Barrias, "Nature unveiling herself before science", and on the walls are inscribed the names of thirteen famous scientists, representative of neurological research, who have by their untiring efforts brought about this lifting of the veil. The ground work of the ceiling is a conventionalization of Golgi's illustration of the nerve cells and the vascular arrangement of brain tissue in the cerebellum. This is surrounded by a border of a repeated pattern which is taken from the form of the cerebral ventricles.

In the centre of the ceiling is the head of Aries the Ram, who, in the signs of the Zodiac, presides over the head and brain. Around him are four Egyptian hieroglyphs: a vulture, a feather, a long slender hook, and what looks like a long tailed Q upside down with the tail to the left. In the Edwin Smith papyrus,

which dates from 3000 B.C., and is the earliest known scientific document, these four symbols in combination represent the brain, the first mention of that organ in literature. Around this, in a circle, is a Greek inscription taken from Galen's commentaries on the aphorisms of Hippocrates, in which the Father of Medicine states that a wound involving the brain is necessarily fatal; Galen adds this comment: "But I have seen a severely wounded brain healed."

The spirit of the Institute has been beautifully expressed in the article by Dr. Russel referred to above:

Here in this hall there breathes an appreciation to the gods for those gifts which have been vouchsafed to man by virtue of his energy and service, an acknowledgment to these men of science who have handed on the brightly burning torch, and a prayer that with the help of the munificence that has made possible such a building and equipment, and with the co-operation of the University, we may add further brilliance to that beneficent torch.

The Institute is equipped to care for patients suffering from all organic diseases of the nervous system whether they are to be treated medically or surgically. These include developmental defects, hereditary diseases, pre-natal diseases, injuries to the nervous system, inflammatory diseases, tumours and degenerations. Psychiatric patients may, in some instances, be admitted, when organic disease is known to be associated. There are beds for forty-seven patients, thirty-two being public, nine private and six semi-private. This accommodation is arranged on three floors, the largest units being two twelve-bed wards. Each bed is curtained off, and the bed and the bedside equipment is identical in private and public wards. There are two operating rooms and the X-ray department opens directly from the theatre in which encephalograms and ventriculograms are done. The division for research on animals is completely equipped with operating rooms, examination rooms and

kitchen, and is physically well isolated from the hospital proper. This in brief is the plan of the hospital division, and now after four months of use it seems to be very satisfactory. There is a noticeable quietness and repose about the whole building. The units are small and are separated from one another and this helps considerably in preventing noise. The whole atmosphere seems conducive to giving care to this particular group of patients in the best possible manner.

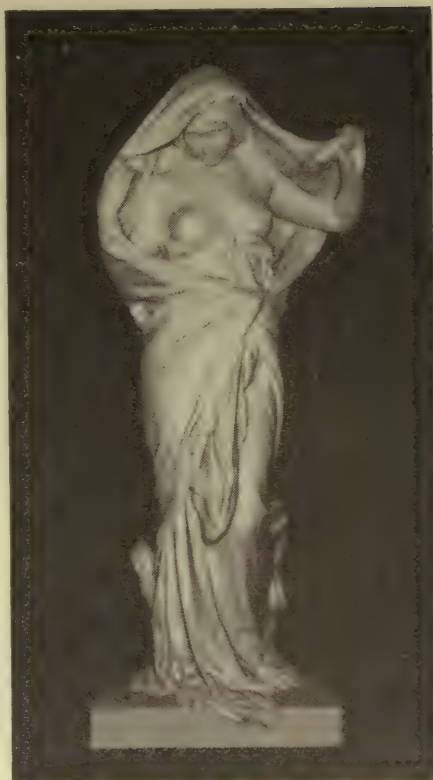
A tremendous amount of nursing is required, and a very high quality is demanded.

The value and effectiveness of neuro-surgical nursing, both pre-operatively and post-operatively, depends on intense and accurate observation, which is just as accurately and fully recorded. This ability, combined with a sure knowledge gained from training and experience, enables the nurse not only to recognize and interpret the slightest change in her patient's condition but also to have a fair idea of what the ensuing changes may be and thus to be prepared for them.

Some knowledge of brain anatomy is essential so that, post-operatively, the nurse will know when and where to watch for motor or sensory disturbances, such as changes in hand grips, areas of anaesthesia, weak movements of legs or arms, dsymmetry of facial movements, ptosis of lids, photophobia, unequal pupils, persistent drooling, incontinence, herpes and aphasia. Also she must know what area of the head must be protected against pressure. In occipital procedures, she must realize that, owing to the severing of large arteries, the blood supply to the back of the head is very poor, and she will accordingly protect her patient's head by frequent turning and by use of doughnuts. In this type of case a very frequent slight movement of the head will prevent the stiff neck which, in many cases, causes almost more distress than the operation itself.

In all craniotomies it is important that the position of the head be such that there is no cramping of the neck, causing pressure on the jugular veins. Due to the oedema which usually follows cranial interference, there is an increase in intracranial pressure, and any interference in the blood flow through the jugulars would increase this pressure still further; the resulting dangers, which must be promptly observed are hemorrhage, restlessness, headache, increasing drowsiness, paralysis, convulsions and speech disturbances. A drowsy patient is a patient who needs close watching. Pulse and respiration Q. 15 minutes, blood pressure q. $\frac{1}{2}$ hour, temperature q. one hour, are routinely taken post-operatively for about twelve hours. To the uninitiated a pulse that seems to be growing stronger, slower and more regular, is to the initiated, a pulse that is developing into a pressure pulse and usually indicates a lumbar puncture, or a hypertonic solution. Straining in turning and moving, or in defecation, must be prevented, particularly in cerebellar cases where a sudden increase in intracranial pressure may cause bulbar paralysis and death. In cases where the swallowing reflex has been injured, the patient should lie on the "good" side while being fed naturally or during nasal feedings. This lessens the danger of choking, or of aspiration of food, or the lodging of food in the cheek. The nurse may control the patient's temperature to a great extent by the removal of bed clothes. When she finds the fever increasing, the blankets are removed and frequently our patients who have a temperature of 101° have only one sheet covering them and the room is quite cool. All temperatures are taken by rectum until normality is reached.

The nurse must literally think for patients who are suffering from paralysis and aphasia and must prevent uncomfortable positions which weary them unnecessarily. Sometimes, if the aphasia is so severe that the patient can do no



NATURE UNVEILING HERSELF BEFORE
SCIENCE

more than nod the head or blink the eyes for answer, the nursing problem becomes most complicated especially when he confuses "yes" and "no."

In operations on the spinal cord and in laminectomies the manner in which the patient is moved is most important. Pain caused by movement will cause a certain amount of splinting around the suture line, but all stretching movements must be avoided. The most difficult type to handle is that in which the suture line involves the area over the thoracic and cervical laminae. The simplest method, in any case, is to have the arms straight down at the sides and to roll the patient log-like face downward, first moving him to one side of the bed by means of the draw sheet. The ideal position is face downwards, and we usually try to maintain it for intervals. These patients are

frequently incontinent or unable to void. Dressings must be kept dry and all pressure points protected. Post-operatively, neurosurgical patients suffer from extreme weariness, therefore the nurse should do what she knows must be done with as little fussing as possible. Complete rest and quiet are necessary, but a drowsy patient must not be confused with a sleepy one.

In observation of patients subject to seizures, the nurse has a real problem. Her observations must be true observations not impressions; she must observe accurately and describe in detail all movements in their true sequence from

the first movement to complete relaxation, later checking with the patient for aphasia, retrograde amnesia, or full remembrance of seizure. During the seizure the patient must be protected from injury. The nurse must really do the impossible, remembering all the while that the word picture she presents on the patient's chart is one of the major aids in the doctor's diagnosis. In a succeeding article reference will be made to the general organization of the nursing service and to the course of instruction which is being planned to prepare nurses to give the highly specialized care which has been mentioned above.

(To be continued)



ENTRANCE: MONTREAL NEUROLOGICAL INSTITUTE

Courtesy of "The McGill News," Montreal.

GETTING WELL IN THE COUNTRY

The Country Branch of the Toronto Hospital for Sick Children affords an excellent example of modern methods of caring for convalescent children. It was built, five years ago, near the village of Thistletown, thirteen miles from the parent hospital. Its present bed capacity is 112, with a potential future accommodation for three hundred. Large balconies are provided and it is only when the weather is very unfavourable that the children are confined to the wards. During the winter months, in addition to fresh air treatment, all patients are given heliotherapy twice a week. The active work is all done at the Main Hospital and the patients are transferred back and forth for X-rays, further operations and so on. New patients must spend at least one week under observation before a transfer to Thistletown is allowed. Swabs of the nose and throat are taken, Dick and Schick tests done and immunization is given if necessary.

Two full-time school teachers are supplied by the Board of Education, and the children are thus enabled to keep up quite well with the public school work. One boy, after four years as a patient, a large portion of that time in a very critical condition, passed his examinations, entered high school and is working towards the completion of his matriculation. A good library of over five hundred volumes is available. Two librarians from the Children's Library of the city visit once a week and spend an afternoon with the children to assist them with their reading and stimulate their interest. They report that the improvement in the children's taste for literature is quite marked and continues after leaving the hospital. A full-time occupational therapist also plays an important role. The children are taught to make many useful articles and their skill is amazing. The girls also learn to knit and sew and some of the garments made by the older patients would do credit to an adult.

The Boy Scouts and Girl Guides contribute largely to the happy spirit of the institution. The Boy Scouts were the first on the scene and the Girl Guides, though a more recent innovation, are very keen and hold their own remarkably well with the Scouts. Upon leaving the hospital both boys and girls are transferred to other companies and the interest in their welfare is continued by these two splendid organizations. A signal honour was conferred upon one of the older patients in the award of the Cornwall Badge, the V.C. of Scouting, of which there are only a limited number in Canada. The children are allowed as much freedom as possible and the two very popular members of the personnel are the pony and the donkey. Both are kept very busy driving the patients around the spacious grounds and picnics by the river are also greatly enjoyed. The nursing staff consists of graduate nurses and nursery maids, who, in addition to their regular routine duties, are keenly interested in all activities and co-operate to their utmost with other members of the staff, in promoting happiness for the children. An interne is in residence.

This characteristic letter, written by one of the children to his mother, shows how thoroughly they enjoy the change from a hospital environment:

I came to Thistletown at 11.30 this morning. We left at 10.46. There were two boys from our ward. We were taken to the ambulance. There were ten in the car, seven patients, a driver and two nurses. We drove past Casa Loma on Davenport Road on our way out. At the end of Weston we drove through a railroad bridge and I think I have passed through some time before. Thistletown is situated on a hill. When you enter there is a sign: H.S.C. Country Hospital. Around the driveway there are flower-beds, half-way up the hill which winds on its way to the top, is a log hut where a reindeer is kept. The hospital looks like it has just been built. Inside everything is brightly coloured, the screens are green, the floors are brownish-red, the beds are brown, doors and windows cream,

spreads light green and bed pan covers red. Our dinner was the best I've had in a hospital. We had baked potatoes with butter, sliced meat (that isn't fat) with catsup, lettuce, soup, and milk. I have a whole room and a screen to myself and a private bed-pan, tray (cup, plate, spoon) and bathing equipment. Why you'd think I was a millionaire and ordered everything special. By the way we had *Johnny* cake for dinner, too, with lots

of corn syrup. I like it here, except I wish I had a boy from ward 2 with me to fight with or play with. I have a tennis racquet I got off a boy in the Sick Children's Hospital. The head nurse gave me a puzzle to work out, and *was it hard!* I am feeling fine, in fact I couldn't feel finer except at home.

P.S.—I don't think I could have written six pages in Toronto. Send this to daddy.



THE PATIENT HEARS THE DIAGNOSIS

MARGARET B. A. MOODIE, Staff Nurse, W.M.S. Hospital, Eriksdale, Man.

Recently a letter brought me a challenge: suggested that I might find scope within my profession as a writer. Naturally, one does not sit down to write of the case one has just left. The touching human stories which might well persuade an editor are those very details upon which the confessional seal is laid by virtue of my calling. But somehow, the challenge remained, and because of it there came this portrait of a patient.

Portrait of a Woman Knitting

But for one sound the room is still; she sits Erect, with grey head slightly turned away
And mind preoccupied upon a day
That cannot now be far to seek. She knits
As women knit who pray surcease from pain,
Or knit, and count, and *think*, one purl, one plain.

O, not to think! to count and lose the strain
Of what he left to grow within her brain.
All personal relations matter less;
No wife, no mother, she; her only claim,
A woman knitting, ponders on the name
The kindly doctor gave her feebleness.
The knitting needles' click lags far behind
The multitudinous thoughts within her mind.

Since the writing of it, I have made a discovery. I cannot claim originality,

except in its newness to me, but over and over again, the light that comes to me is: "all personal relations matter less." I find, looking back on the cases that stand out clear against the every day, this line threading them together. It is not new to see the patient as a body bereft of social state, relieved of the question of legitimacy. De Lee has done that in his description of a woman in labour. This relates to something far removed. No ordinary indisposition or casual illness lifts a man or woman out of the personal relations of life. The sweeping away of all personal relations is a major event; it is a tragedy. Then, with the advent of such calamity the patient appears, in her immediate setting, as, simply, a woman knitting. All that has been in the past, all that may be in the future, these do not enter into the picture. One of life's difficulties, or perhaps its only one, is this matter of adjustment. But now, catching a glimpse of the immediate present, we see only, "a woman knitting."

OUR HONOUR ROLL

Once more the announcement of the New Year's Honours List has brought keen pleasure to Canadian nurses. His Majesty the King has been pleased to designate Jean I. Gunn, Mabel F. Hersey and Jennie Webster as officers in the Civil Division of the Order of the British Empire. Each of these women has made her unique contribution to nursing. Jean Isabel Gunn has held the responsible position of superintendent of nurses in the Toronto General Hospital for nearly twenty-two years. For four years she served as President of the Canadian Nurses Association and for eight years was second vice-president of the International Council of Nurses. Her clear mind and extraordinary capacity for organization have made her invaluable as a leader and counsellor in both the national and the international nursing field. Her quick humour, loyalty and unfailing generosity have endeared her to all who know her either as head of a great school of nursing, as a colleague in nursing enterprises or as a personal friend.



MISS JEAN I. GUNN, O.B.E.

A distinguished foreign guest who attended the International Congress of Nurses in Montreal spoke of Mabel F. Hersey in these terms: "How wisely you Canadians chose your president for this historic occasion. She has the dignity and the strength one expects in a woman holding such an important position, and yet possesses the added grace of simplicity and charm." A year ago Miss Hersey celebrated her Silver Jubilee as superintendent of nurses at the Royal Victoria Hospital, or rather her staff, her students and her professional colleagues celebrated it for her. The spontaneous tribute of affection and admiration paid her at that time came not only from those associated with her own hospital but from nurses in all parts of Canada and from many overseas.

The epic of Jennie Webster's thirty years' service as night supervisor in the Montreal General Hospital has already been related in the *Journal*. Never were honours more richly deserved than by this upstanding representative of the



MISS JENNIE WEBSTER, O.B.E.

pioneer days of nursing who, in her active retirement, still keeps an eagle eye on what the new generation of nurses is up to.

From the *Nursing Times*, the official organ of the College of Nursing, we quote this hearty and sincere expression of pleasure on the part of our British Sisters in the honours paid our three Canadian nurses:

Three important pieces of routine claim our attention each New Year's Day; first we recapitulate the good resolutions made overnight; next we wish our friends a Happy New Year; and next we scan the newspapers in search of friends or acquaintances whose names may appear in the New Year Honours list under the title "Public Service Rewarded." This year we note two very important Canadian nurses, Miss Jean Gunn and Miss Mabel Hersey, nursing superintendents of the Toronto General Hospital and the Montreal Royal Victoria Hospital respectively. These ladies receive the O.B.E., a fitting climax to a year which saw the celebration of the Silver Jubilee of the Canadian Nurses Association. This is especially welcome news to us nurses in Great Britain, for we can never repay the debt of hospitality we owe them and other Canadian matrons whenever we have visited

the Dominion—whether in flocks, as at the Montreal Congress of the International Council of Nurses in 1929, or singly, as when we go over—so often—for individual professional experience. Other Canadian honours of special interest are those of Dr. Edna Mary Guest, chief of the department of surgery, Women's College Hospital, Toronto, and Miss Jennie Webster, lately night superintendent of the Montreal General Hospital, who also receive the O.B.E.

After all, as the King himself so feelingly said in the course of the British Empire broadcast on Christmas Day, we are all one great family of which he is the head. Every year the bonds are strengthened as a result of the generous hospitality accorded to visiting nurses on both sides of the Atlantic. Nor has there been any lack of appreciation on the part of American nurses. They claim the right to share our honours and well they may, for as one of them once said: "We trained Jean Gunn for you at the Presbyterian Hospital in the City of New York", and when it comes to generous and unselfish kindness to visiting nurses, no one can beat our American colleagues.



MISS MABEL F. HERSEY, O.B.E.

HOME NURSING INSTRUCTION

E. M. McKEE, Reg. N., Superintendent, Brantford General Hospital.

The story of the Red Cross is, in the minds of many, associated only with activities in times of war or disaster. The work under these conditions is, naturally, spectacular and receives much publicity at a time when the public mind is receptive to humanitarian efforts, especially volunteer efforts. Newspaper headlines and radio broadcasts tell heart-rending stories of suffering and sorrow, and of the prompt action and heroic deeds of Red Cross workers. Of the "peace time" or every-day activities of the Red Cross Society, far too little is known, and, far too much taken for granted. In normal times it is difficult to arouse enthusiasm, so much is accepted as commonplace. As a matter of fact, the every-day programme is very important and highly constructive and benefits not only individual citizens but the community at large. Too little recognition is given to the fact that much of this work is carried on by volunteer efforts. Many of the activities, while sponsored by the Society, and organized and supervised by paid workers, are brought to a successful conclusion by voluntary service; home nursing instruction is a striking example.

The Red Cross and the Home

Of recent years, experience and instruction in the various aspects of home management have been sadly neglected and, as a result, the average young woman is greatly handicapped when she is called upon to assume household duties; this condition exists alike in the homes of the rich, middle class and poor, and is deplorable. Many factors contribute to it; the social and educational activities provided for children and young women afford them little opportunity for observation or experience and in the conduct of a household, and the fact that the majority of young women enter the business or professional world upon completion of their education, contributes to the problem. The Red Cross Society has

recognized the handicap and has, among its varied activities, sponsored three valuable and closely related projects of immeasurable value, namely, the visiting housekeeper service, the nutrition classes and the home nursing courses. It is just as essential that a young woman should have knowledge of the principles of health, hygiene and sanitation, and that she be able to carry out simple nursing procedures in the home under the supervision of a physician or a visiting nurse, as that she can cook or sew, or execute the various other duties within the home. In years gone by, the simple nursing practices and principles of hygiene and sanitation were passed on from mother and daughter, but today, in the average household, panic reigns in the presence of illness, but even worse than that, all too frequently, sickness is not recognized in time to allow for simple treatment or to prevent the spread of disease.

The problem of disease prevention and of the care of the sick, should be of interest to every citizen for economic, if not for humanitarian reasons. The annual budgets of state, province and municipality are materially affected by the cost of the care of the sick and by the cost of disease prevention measures. Furthermore costs can be materially reduced by the efforts of the citizens themselves directed toward the control of disease, the lessening of hospital, medical and nursing costs, and the elimination of many social problems which have to be met, especially if illness overtakes the mother of the family or the wage earner.

Home Nursing Classes

Fortunately there is now available to every woman in Canada, through the Red Cross Society, a course of instruction in home nursing which will be a direct benefit to the citizens and community. Many unmarried women are unemployed and cannot, because of financial stress, participate in social activities

of the community, therefore they have much time at their disposal. Married women, too, are more free because, in many homes, there is a son or daughter or husband unemployed and assisting with home duties. The Red Cross Society has wisely safeguarded the home and community by inviting only carefully chosen, fully qualified persons to carry on instruction. Qualified physicians, graduate nurses, and graduate dietitians are the teachers and their work, of course, is totally without remuneration.

What Should Be Taught

The following excellent syllabus has been drawn up of the procedures which may safely be entrusted to home workers under medical and nursing supervision:

1. The bedroom in health and sickness as to location, furniture, cleaning, bed making, changing bed linen, moving a patient in bed, improvising a back rest.

2. The signs of sickness, temperature of the body, pulse rate, rate of respirations, general appearance of a sick person, pain, chills, condition of tongue, significance of coughs, appetite, vomiting, elimination of waste material, keeping of records.

3. Care of the bed patient: Bed bath, foot

baths, care of mouth and teeth, care of hair, use of bed-pan, prevention of bed sores.

4. Feeding the sick, types of food and manner of serving, importance of water drinking, feeding of helpless patients.

5. Treatments: How to give medicines, how to fill hot water bottle or ice cap, how to prepare inhalations, poultices, mustard plasters.

6. Communicable diseases: Methods of spread, early signs, vaccination, care of patient in isolation, disinfection, after-care of patient.

7. Emergencies and slight ailments, fainting, convulsions, collapse, poisoning, apparent drowning, suffocation, choking, wounds, sprains, burns.

8. Health in the home: Cleanliness, ventilation, flies, sanitation, food, clothing, elimination, care of teeth, rest, recreation.

9. Care of the mother before, during and after confinement.

10. Infant care: Clothing, bathing, sleep and rest, exercise, fresh air, habit formation, care of the sick baby.

11. Feeding of babes and children, value of breast feeding for babes, weaning, bottle feeding, child feeding from one year through school period, causes and prevention of malnutrition in children.

12. The food needs of adults, sample meals, food groups, food combinations, overweight, underweight.

REFRESHER COURSE

The School of Nursing of the University of Toronto in co-operation with the Department of University Extension, is planning a refresher course for hospital staff nurses to be given from February 27 to March 2 in the School of Nursing, University of Toronto. Registration will be limited to 50. Not more than two applications from any hospital will be accepted. Reservations will be made in the order in which applications are received. This course will include: (1) A study of the

underlying psychology and fundamental principles of ward teaching; (2) A discussion of problems in ward teaching: objectives, attitudes and methods. Applications will be received by the Secretary, School of Nursing, University of Toronto, Toronto 5. No credits will be given for this work, nor will any certificate be awarded. The fee will be \$3.00. If the registration indicates the need, repetition of this course will be considered.

THE EDITOR'S DESK

The First Two Years

The *Journal* is having a little celebration of its own this month. It is just two years since we sat down for the first time at the editor's desk, rolled up our sleeves, and somehow or other managed to get the February number into the press. It cannot be said that the net result of our frenzied efforts was a thing of beauty. As it lies before us in its drab cover, weird typography, and jumbled contents it reminds us of the first ambulance bed we ever made. The outside back cover was innocent of all advertising matter; so was the inside. There were two little pages of news notes but three perfectly good pages were devoted to the announcement of marriages and births, in nice large type, too. Those were the days—and we are glad they are over. With our first editorial effort the fortunes of the *Journal* may be said to have sunk to what the financial experts call "an all-time low." Having struck bottom we could not go any lower; so we started to climb.

How Far Is Up?

There has been nothing spectacular about our rise. In fact we are forcibly reminded of that hateful problem in arithmetic which blighted our youthful days. It was concerned with a frog who, determined to crawl out of a well, gained so many feet one day only to slip back the next. We were never quite clear as to his ultimate fate but have a vague impression that he did finally emerge into the full light of day. And we intend to emulate him. Just by way of indicating how far we have risen in the world we present a few comparisons. In 1934 our income from subscriptions increased over that of 1933 by twenty-two percent and our income from advertising by thirteen percent. Every province except one (*Oh! breathe not its name*), shows a substantial gain in circulation and the increase

during the year, for the whole Dominion, amounts to twenty-two percent. The increase since the two-year experiment began is forty-eight percent.

Does all this mean that we are out of the well? No, not until the *Journal* pays its own way without any assistance whatever from the Canadian Nurses Association. The report of the editor and business manager, covering the first seventeen months of the two-year experiment, appears in this issue under the caption of *Notes from the National Office*. This was presented at the Biennial Meeting and at that time we predicted that the loans required in 1934 from the C.N.A. would amount to less than a thousand dollars. This prediction has been amply fulfilled.

How It Was Done

Why has all this come about? Simply because Canadian nurses have come to realize that, if it is given the support it deserves, the *Journal* may soon become a financial asset rather than a liability. They are reading it more carefully than they ever did before; better still, they are writing for it. In thus expressing themselves they are making it possible for our national *Journal* to fulfil its true function, which is to reflect, to integrate and to interpret the thinking of Canadian nurses.

We Carry On

The report of the publications committee is published in this issue under the caption of *Notes from the National Office*. Its recommendations were adopted at the Biennial Meeting and the experimental period has been extended until the next meeting, which will be held in July, 1936, at which time the whole situation will again be subject to review. There is plenty to do in the interval. A steady drive must be continued for further increase in circulation. Sustained effort must be made to improve the con-

tent of the *Journal*. Operating expenses must be kept within the strictest limit which is consistent with efficiency. It will be an uphill job but somehow we rather like the idea of tackling it.

Readers' Guide

An acute and painfully frank observer of the contemporary nursing scene in Canada told us the other day that nurses made her sick. We enquired the reason of this unfortunate physiological reaction and she said it was because we were always trying to build fences to keep out groups which we imagined were infringing on our reservation instead of forging ahead and achieving our own destiny in fields in which no other group could function an effectively as we do. That set us thinking and during the next few months we propose to emphasize in the pages of this *Journal* just those aspects of nursing which our critic has in mind. In fact we began to do so in January when we published Dr. Stevenson's article on the functions of nurses as members of the staff in mental hospitals. There is one world for us to conquer. This month we present another. Our leading article, "The Montreal Neurological Institute," is one of a series which we hope to publish on this new and highly skilled division of nursing service. Miss Eileen Flanagan, who is in charge of the nursing service, and Miss Eberle, who is one of her associates, give a vivid picture of the extraordinary opportunities which are being opened to nurses who are capable of rendering service of this highly technical and difficult type.

Another article which deserves close attention is the brief but clear account given by Miss Anna E. Wells, chairman of the Public Health Nursing Section of the Canadian Nurses Association, of the self-survey which will be the main project of that group during the next two years. No matter what branch of nursing you are engaged in you should read what Miss Wells has to say. For one thing it demon-

strates the integration of public health nurses in Canada into a national and, at last, an articulate group. In his excellent article on the teaching of chemistry to nurses, Dr. Bensley, possibly without knowing it, puts his finger on one of the many difficulties which we must surmount in planning courses for nurses. That difficulty is inherent in the nature of nursing itself and it is this: whether we like it or not we are obliged to concede that much of our so-called science teaching must be superficial at best. Superficial, yes, but nevertheless indispensable, as Dr. Bensley points out. In "Private Duty, Manitoba Style," by Miss McCallum, we get a straightforward account, as bracing as a prairie breeze, of what is happening in most of the Prairie Provinces to private duty nurses and the people they serve. Miss Buhler, in "Can it be done?" suggests what seems to be the only way out.

Miss M. E. Richmond has shown us how we should approach task:

"Study and develop your work at its point of intersection with the other services and social activities of your community. Learn to do your daily tasks not any less thoroughly, but to do them from the basis of the whole and with that background always in mind. After all, society is one fabric, and when you know the resources of your community, both public and private, and the main trends of its life rather than any particular small section of it, you are able to knit into the pattern of that fabric the threads of your own specialty."

In Sympathy

Messages of sympathy in the loss which we in Canada have sustained in the death of Bertha Harmer have been received from Miss Effie Taylor, President of the National League of Nursing Education in the United States, from the Administrative Committee of the Yale University School of Nursing and from the editor of the *American Journal of Nursing*.

Correspondence

Canada Calling

In the November issue of *The Canadian Nurse* an article appears entitled "Canada Calling" in which nurses are urged to enrol for service in war or disaster.

Now disasters are something that we can visualize—flood, fire, pestilence, cyclone, tidal wave or even drought and grasshoppers—and we can make our plans accordingly. Such things have happened in the past and no doubt from time to time some of them will happen in the future. Past experience makes it possible to lay plans for prompt and efficient action when necessity arises. And it is the duty and privilege of the members of the nursing profession to be prepared to bring their knowledge and skill and kindness to comfort and relieve those who have been stricken down by forces which are outside of human control.

When it comes to war, however, the situation is very different. Canadian nurses played a worthy part in the World War and in any future war would undoubtedly do their best under whatever circumstances might exist. But what would these circumstances be? Might they not be such that nurses could do little or nothing to stem the tide of misery and destruction? Mr. A. A. Milne, in speaking about future contests between nations, says: "It is no longer war; it is something for which the word has not yet been invented, something as far removed from the Napoleonic wars as they were from a boxing-match. This new thing is a degradation that would soil the beasts, a lunacy that would shame the madhouse. War, as the world has known it, is already dead—the very word has lost its meaning. This 'new thing' is nothing less than the crash of civilization."

It is well to remember that any future war will be war from the air and will involve civilians of all classes from babies to helpless old people. Another fact to keep in mind is that wars are man-made. As Sir Norman Angell has said: "No war is inevitable; none that human sanity, if mobilized, cannot prevent." By all means let nurses be prepared to help to their utmost in the event of war, but also let them face the fact that they may be utterly powerless in the presence of this "new thing" for which a name has not yet been found. And let us all remember that if this "new thing" comes it will be due to stupidity and greed, fear and indifference. Perhaps it will be due more to the inertia and indifference of the ordinary citizen—my indifference and yours—than to any other cause.

In the long run public opinion is going to

decide this issue of peace or war. What can we do to help create an informed and enlightened public opinion that will stand up against the propaganda of militarists and munition makers? We can give time and energy to a study of the obstacles that stand in the way of that peace for which the common people in all lands are longing. We can think and talk and act peace. We can become well informed on international questions ourselves and help others to do the same. We can get in line with the peace campaign that is being carried forward by the League of Nations Society in Canada. A syllabus of studies may be obtained by writing to the National Secretary, League of Nations Society, Ottawa. Individually and in groups, all over Canada, nurses can join in the study of what can be done to develop a national peace policy so that Canada's voice may be heard and Canada's influence felt in the councils of the nations.

IDA K. STEWART, Ninette, Man.

A Registrar Speaks Up

Naturally the point of view of a registrar somewhat differs from that of "Another Private Duty Nurse" as expressed in the December *Journal*. Every nurse knows that she receives a certain percentage of her calls through friends, either in their homes or in hospitals, which means that her name is taken "off call" regardless of where she is on the list of the registry. Should a nurse call the registry for a second nurse to come on duty on her case, would she take the first nurse on call knowing she might not be suitable to the patient? She would not. What happens is that she chooses someone whom she thinks will be suitable but who may be far down the list—and then the system of rotation is again upset and through no fault of the registrar either. Doctors also have their preferences, and ask for certain nurses whom they know. Too often a doctor says: "I don't think I know Miss Blank. Well, perhaps I should probably know her when I see her—but not by name." If the nurse could find some way of making herself known and yet not be unethical, perhaps it might help her to be called more frequently.

"An Alberta Nurse" talks about a registrar having no power in the good old days and having to contend with nurses, doctors and the public. She still has all three to cope with, but in a different manner than when nursing services were at a premium, rather than an over-supply. A registrar doesn't take

much pleasure in seeing the same names topping the list every day, and often wonders what is wrong with the nurse that is on call so long. When a nurse is on call for weeks and weeks she should begin to catechize herself rather than criticize the registrar and hospital authorities. The trouble with most of us is that we do not take kindly to advice. Why not ask your registrar: "What is wrong with me?" but don't get vexed if she tells you the truth. Patients differ in many respects and criticize nurses for many things, such as being sloppy and untidy, talking too much or not enough. So the nurse must put her best foot foremost and study the patient as well as herself. Generally speaking, a registrar is not as hard-boiled as most private duty nurses think, and would be only too willing to try and help if given the opportunity.

A REGISTRAR.

A Word of Appreciation

May we, through *The Canadian Nurse*, express our sincere appreciation of the hospitality extended to us during our recent visit to Canada? We were given a great welcome (beginning with greetings brought on board at Father Point), and we heartily agree with all that we had heard at home of Canadian hospitality. Our two hostesses in Montreal, Miss Holt and Miss Hersey, certainly thought of everything possible for our interest and pleasure during our stay with them. At first, our dark blue uniforms made us feel conspicuous, but we were soon made to feel very much at home and it was a pleasure to be greeted by patients from the Old Country and by doctors who had visited Guy's, some even twenty years ago, and who recognized the Guy's Sisters' uniform. We were given opportunities of visiting some of the large French hospitals, and of gaining some insight into public health work, the visiting nursing services and the School of Nursing at McGill University. We paid interesting visits to the headquarters of the Canadian Nurses Association and to the office of the Registered Nurses Association of the Province of Quebec. We were so glad we were able to visit Ottawa. Miss Bennett did not waste a minute, but managed to show us a great deal in a short time. We shall never

forget the colours of the maples on the Gatineau hills in brilliant sunshine. Our next port of call was Toronto, where we were met by Miss Gunn, our hostess, and Miss Jean Browne. Most of our first week was spent in the Toronto General Hospital, and every minute was carefully planned so that we could see as much as possible of all the departments in that large hospital. Miss Gunn also kindly arranged for us to visit special hospitals, the School of Nursing of Toronto University and the Department of Public Health.

This sounds as though we had little time for anything outside hospitals, but on the contrary we had numerous dinner parties, two Hallowe'en parties, movies, picnics, theatres, motor drives, concerts, museums and art galleries—and even time to walk and sleep! The arrangements for this delightful tour were made through Miss Jean Browne, convener of the committee on exchange of nurses of the Canadian Nurses Association, in conjunction with Miss Parsons of the College of Nursing in England. The advantages of such a visit are obvious and need not be stressed. We only hope that the Canadians now in England are enjoying themselves as much as we did in Canada. We look forward to 1937, when we hope to meet many of our Canadian friends in London.

DOROTHY L. HOLLAND,
FLORENCE TAYLOR.

Against Resistance

From the *Nursing Times* we quote this delightful letter which, amongst other things, shows why school nurses need a saving sense of humour: "Will you kindly inform the doctor that F.B.'s father is quite aware of the chief thing that is destroying his child's teeth which is the scientific food he is compelled to live upon against the express laws of God. So soon as so-called savage races leave nature and become civilized their teeth and stomachs go west and the need of doctors become necessary. Factory-made foods, preserving and stervualising (sic) of food declare at once the corrupt state of foods and the cause of bad teeth and stomachs. Freddie's teeth must not be interfered with. Nature will put them right by casting them out in their natural way.

"(Signed) Mr. A. B."

TUBERCULOSIS NURSING IN NEW BRUNSWICK

FLORENCE E. COLEMAN, Superintendent of Nurses, the Saint John Tuberculosis Hospital, Saint John, N.B.

The Saint John Tuberculosis Hospital was erected in 1915 and was originally equipped to care for about 70 patients. The Military Hospital Commission later enlarged the plant to care for 150 patients and, along with this new development, a large home for nurses was built. In 1930 the Nesbitt Memorial Wing for children was completed and the hospital capacity was increased to 206 beds. As early as 1923 an affiliated course in tuberculosis nursing was established with the Saint John General Hospital, the duration of which was originally three months which was reduced later to two months. In all, eleven schools have affiliated and 691 undergraduate students have been thus prepared for this special work. In 1930 the demand for graduate instruction in tuberculosis became so insistent that some attempt was made to introduce a postgraduate course. In the autumn of 1934 this was amplified and improved to include many phases of tuberculosis.

The hospital is modern in every respect and is treating pulmonary tuberculosis both in adults and children as well as bone and gland disease. It is adequately equipped to do chest surgery and as a matter of fact it is caring for practically all the chest surgery in the provinces of New Brunswick and Prince Edward Island. Due to the fact that treatment is given for bone and joint tuberculosis a fair amount of orthopedic surgery is also done. The duration of the postgraduate course is three months and

includes the following activities: *Class work*: History of tuberculosis and tuberculin; anatomy and physiology of chest; tuberculous infection and disease; diagnosis; symptoms; complications; treatment and diet; preventive, economic and



ENTRANCE: SAINT JOHN TUBERCULOSIS HOSPITAL

social aspects. *Demonstrations*: use of tuberculin and X-ray. *Diagnostic Methods*: nose and throat examinations; taking of history and preparing patients for examination; laboratory work; artificial pneumothorax; oil injection; phrenicectomy; thoracoplasty; anaesthetics. *Bed-side demonstrations*: Heliotherapy, typhoid rest; ordinary rest; whispering in throat treatment; aeration.

Opportunities are given for observation in health centre activities and in district and follow-up work.

PRACTICAL NURSES IN HOSPITALS

The pressure to allow practical nurses to do institutional work is growing daily. Here and there one finds individuals of high idealism and considerable skill who are not qualified by law to practice medicine, nursing or any of the other branches of the healing arts, yet they are capable of rendering a good grade

of medical service in a narrow field. On the other hand, hospitals that desire to be recognized by national medical and nursing associations must of necessity refuse to allow such persons to attend patients. — *The Modern Hospital*.

Department of Public Health Nursing

PUBLIC HEALTH NURSING IN CANADA

ANNA E. WELLS, Chairman of the Public Health Nursing Section of the Canadian Nurses Association.

It has for a number of years been the custom for the Public Health Section of the Canadian Nurses Association to send forward, after the Biennial Meeting, to each provincial section a suggested programme of study and activity for the ensuing two years. In such times as these there is a greater need than ever for unity of thought and action, for as stated in a recent editorial in *The Canadian Nurse*: "The social pattern of our time is changing so rapidly that nurses are not always sure of their place in the design." This word picture, which describes in a few words the general state of public health nursing today, indicates how essential it is for public health nurses to be keenly aware of the pattern of society in which they work, and to understand fully the nature and relationship of their work to the whole design of community service. How, then, can they keep pace with changing needs and ideas, and be ready to direct into desirable channels the development of those activities in public health work that we believe may be accomplished best and most economically by public health nurses?

There is only one sure way, and that is by making a close study of the community we are serving. When we know its health needs, we can then analyse our own activities to see if they are adequate and indispensable, and, since there is need of some means whereby we may compare our aims and activities, a study of the surveys already made is suggested.

The Survey of Public Health Nursing, undertaken by the National Organization of Public Health Nursing in the United States, will be found very helpful. Unfortunately, in the question of rural public health nursing, and public health

nursing in medical relief and social insurance schemes, it is difficult if not impossible to find any data of value for comparative purposes, and the following programme of study is therefore suggested as a means of directing thought to local situations. If each member actively participates, we shall have made a beginning towards solving the problems which are peculiarly ours.

General Aims

It may be helpful at this point to make brief reference to the aims of this self-survey and to the specific topics round which the study might be assembled. The principal aims of a possible self-survey may be stated as follows:

1. To understand community needs with particular reference to public health nursing activities.
2. To find out whether public health nursing services are adequate, and to direct attention to such needs as may be found.
3. To find out whether public health nurses are adequately prepared for community work by schools of nursing, by self study, and staff education, and to foster educational facilities where these appear to be lacking.

When these aims are analysed it becomes clear that the questions we must be prepared to answer group themselves round the following topics:

Demand and Supply

1. What is the need, in any given community, for public health nursing service and how far is it being met? What is the nature of its organization and administration? How is it financed?
2. Are existing services up to standard and available to all who require them? Is public health nursing service correlated with other social agencies by means of inter-agency conferences and the use of the confidential exchange? Is there a systematic referral and reporting back?

What is the relation to social insurance schemes?

Functions and Scope

What is now the generally accepted definition of public health nursing? What should it be? For what specific community activities are public health nurses particularly well qualified? What is the place of workers, who are not nurses, in public health nursing activities? Is the public health nurse recognized as a social worker by welfare organizations? If not, why not? What is the changing emphasis in nursing services as given in the school and in the home? What are the factors which hinder the development of good service?

Education

What preparation do schools of nursing give for public health nursing? What educational opportunities are available under the auspices of public health nursing agencies? What is the nature of the courses in public health nursing which are given in Canadian universities?

Working Conditions

What are the working conditions of public health nurses in Canada with special reference to: (a) health supervision; (b) provision of uniforms; (c) standard equipment; (d) transportation; (e) hours of duty; (f) vacations and sick leave; (g) salaries and pensions.

How to Get Under Way

Study groups may be formed in each province, who may work independently or in conjunction with other provincial sections, and yet be prepared to report specifically concerning public health nursing. It is suggested that the preliminary study be completed by the end of 1935 so that all provincial sections will have time to prepare full reports for consideration at the next Biennial Meeting and what is equally important, such data will be available for consideration during the winter of 1935 which will enable each member to become familiar with the whole public health nursing situation in her own province. A national convener for the section will be appointed to correlate all findings and recommendations with respect to public health nursing and social insurance schemes. The following references will be found useful as sources of information:

Survey of Nursing Education in Canada (1932) obtainable at National Headquarters, 1411 Crescent St., Montreal, P.Q. Price, \$2.00. *Survey of Public Health Nursing*, by the National Organization for Public Health Nursing, 50 West 50th St., New York. Price, \$2.00. *The Canadian Nurse*, official journal of the Canadian Nurses Association. *Public Health Nursing*, official journal of the National Organization for Public Health Nursing. *The Survey*, published by Survey Associates Inc., 112 East 19th St., New York.

SCHOOL HEALTH INSPECTION IN POLAND

JADWIGA KANIEWSKA, Public Health Nurse, Cracow, Poland.

I should like to tell you how the children help the nurse in her work in Poland. In general there are three types of class inspections. The nurse inspects every class thoroughly in autumn after the long holidays and at that time the inspection is done in order to find possible defects. She also does a rapid inspection in every class after the Christmas, Easter and summer holidays and looks for symp-

toms of communicable disease and pediculosis. But every day, in every class, there are inspections to look after general cleanliness and hygiene and these are done by the children themselves through the Junior Red Cross. In every class there are committees of the Junior Red Cross and the nurse is patroness of the organization. At the first meeting, after school opens, the children elect their offi-

cers including a president for each month. The elected class presidents must be approved by the teacher and their function is that of a health guardian. Every day he inspects the hands, ears, and neck, and any child who is dirty is taken to the school health office and must clean up. This is called the "lecture of the wash." The presidents also watch the children to see that they do not wear sweaters, overcoats and woollen scarves in the school-room and survey the children who have had glasses prescribed for them to see that they are wearing them during school hours. They also watch the meals which the children bring to school, wrapped in serviettes or white clean paper, and not in old newspapers. In Poland the children stay at school from eight to half-past one. They do not go home for lunch but take their meal at eleven o'clock at school. They bring with them sandwiches and fruit and they receive milk or cocoa at school. The class health president watches the children to see that they take their meal not too fast and in an orderly manner. They conduct the children, who come for the first time, to the health office and when a child comes back to school after some days' absence he is again taken to the nursing office. The class president reports each day the names of the children who are not present at school. Every day, during recess, between lessons, the class presidents from each class come to the nurse's office and gives her a report of their activities and receive their commands from her. The children who do

not feel well are taken to the nurse's office by the president who also surveys the cleanliness of their handkerchiefs and every day reports on how many children are dirty, and how many had their breakfast wrapped in a paper that was not clean, but they do not put down the names, they just give the number. In the sixth and seventh classes, a course in infant hygiene and first aid is given.

The class health president changes every month. He wears a pin and band with a red cross. The activities are all arranged and planned by the children themselves. The nurse assists them and gives them an idea of how to organize and they are supervised by the teachers and the nurse in an indirect way. The co-operation of the children with the school nurse is very good and she thus has a good approach through the Junior Red Cross to the classes. The interest of the children in health problems and general cleanliness is really remarkable and the teachers are induced to play a larger part in health work and their interest and participation has greatly increased. This work began in two Cracow public schools, one for girls and one for boys. When the results proved satisfactory they were published in the Polish National Nursing Magazine and discussed at the annual national meeting. Now the movement has spread into many other schools.

Miss Kaniewska is a Polish public health nurse and has been awarded a scholarship by the Rockefeller Foundation for study in Canada. Attention is drawn to her clear and concise English.—Editor.

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Department of Nursing Education

TEACHING CHEMISTRY TO NURSES

E. H. BENSLEY, B.A., M.D., Assistant, Department of Metabolism, The Montreal General Hospital, Assistant Demonstrator, Department of Biochemistry, McGill University;
Instructor of Chemistry, School of Nursing, The Montreal General Hospital.

A considerable number of the nurses who enter the School of Nursing of the Montreal General Hospital have had no previous instruction in chemistry. For this reason the probationer class is given a course in chemistry consisting of about ten hours of lectures and twenty hours of laboratory work. The amount of time available for this purpose is necessarily small and this limitation makes it essential that the course should be carefully planned so that the nurse is given information of real value and yet is not confused by the presentation of too much material that is entirely new to her. During the past two years the writer has made a study of this course for the purpose of adapting it to the special needs of the nurse. The following remarks concerning the planning of such a course are offered with the hope that they may be of interest to those who are confronted with the problem of giving a short course in chemistry to nurses who have had no previous instruction in this subject. In our opinion, some instruction in chemistry should be included in the training of a nurse and, if she has not received this before entering training, some attempt should be made to provide this instruction in her nursing course. Intelligent understanding of the metabolism of the human body in health and disease, as well as of many details of nursing technique, is impossible without some knowledge of chemistry.

General Treatment of Subject Matter

In planning a course of this type, the instructor must bear in mind that it will be necessary to treat the subject very superficially and that it is better to pre-

sent a few simple facts which are readily understood and remembered than to take the risk of confusing the students by attempting to teach too much. For instance, in dealing with proteins the class is told that these are extremely complex, are composed of the elements carbon, hydrogen, oxygen, nitrogen and usually sulphur, and can be broken down (as in the digestive tract) to simpler substances known as amino-acids. No further details of their chemical structure are given. If the chemical structure of proteins were discussed at much greater length, it is probable that the only recollection the nurse would have of this subject would be that it was something she could not understand. Although her knowledge of the chemistry of proteins is very superficial, the little information that she has is of real value. Thus, to mention one application of this information, if she knows the five elements which usually enter into the composition of a protein, she will readily understand why carbon dioxide, water, compounds containing nitrogen (such as urea) and compounds containing sulphur (sulphates), are the waste products resulting from oxidation of proteins in the body. A little knowledge is dangerous only when the student does not realize that her knowledge is limited. It must be made clear that the subject is being treated superficially.

Selection of Subject Matter

In the selection of the subject matter of the course, the instructor must never lose sight of the value of chemistry in the understanding of the metabolism of the human body. Whenever possible,

the subjects discussed and experiments conducted should serve to illustrate, not only a fundamental chemical principle, but also some point of practical interest to a nurse. For instance, in dealing with the reaction of oxidation, the use of burning of hydrogen, carbon and wood with formation of water and carbon dioxide as examples will not only illustrate this type of chemical reaction, but also form the basis of a consideration of oxidations of foodstuffs in the body. On the other hand, if the burning of magnesium or sulphur were used as examples of oxidation, the connection between this and oxidations in the body would not be so clear. At present, the following are the substances which are studied in some detail in our lecture and laboratory courses: — water, nitrogen, oxygen, hydrogen peroxide, acids, bases and salts, hydrogen, carbon, carbon dioxide, carbon monoxide, carbohydrates, fats and proteins. By using such substances as subjects for discussion the instructor can not only teach certain fundamental principles of chemistry, but also lay the foundation for a knowledge of the metabolism of the human body.

Application to Nursing

The course may be made more useful and interesting by referring to practical applications of chemistry in details of nursing technique and medical treatment. The writer has made a practice of reading all available routine nursing procedures and selecting from these, for introductions into the course, any which are based upon simple chemical reactions. The following are a few of the many possible practical applications of this type: neutralization reaction of acids and bases as related to the treatment of acid poison-

ing by alkali administration and of alkali poisoning by acid administration; oxidizing agents as related to their use as disinfectants and bleaching agents; precipitation, as related to the use of precipitation reaction: (1) as a test as in detection of albumin in urine; (2) in treatment of poisoning, as in administration of white of egg to cases of mercury poisoning; precipitation of proteins by heat as related to the advisability of using cold, not hot, water in washing blood and discharge from surgical instruments; solubility of fats, in relation to the use of petroleum ether for cleansing skin before operation and to remove oily and greasy substances.

Laboratory Course

Finally, reference must be made to the laboratory course. Lectures in any scientific subject without practical work are of little value. The remarks which have been made regarding selection of subject matter apply to the laboratory, as well as the lecture course. In addition, the advisability of using only extremely simple apparatus must be taken into consideration in selecting experiments. The most important feature of the laboratory course is the opportunity which it affords for training in accuracy of observation and the accurate and orderly recording of observations. These qualities are of great importance in nursing and there is no part of the nurse's training in which they can be better emphasized than in a chemistry course. For this reason every nurse should keep a laboratory note-book in which she records all observations in detail and careful supervision of these note-books will accomplish much in the education of the nurse.

Department of Private Duty Nursing

PRIVATE DUTY, MANITOBA STYLE

K. B. McCALLUM, Convener, Private Duty Section, Manitoba Association of Registered Nurses.

A survey of conditions existing among the private duty nurses of Manitoba was made recently by means of a questionnaire. The following questions were asked: (1) How many cases have you nursed during the past two years and received no remuneration whatever? (2) How many cases have you nursed during that time at a reduced fee? (3) What reduction do you usually give? (4) Do you offer this reduction because you know the patient cannot afford the regular fee, or because the patient asked for it? (5) Do you find people who can well afford the regular fee taking advantage of the times and asking nurses to work for a reduced fee?

Direct Evidence

The replies were illuminating. The necessity of bridging the economic gap between the non-nursed sick and the private duty nurse had long been recognized and admitted but never had it been so forcibly brought home to us before. Should we say, rather than the non-nursed sick, the nursed sick and the non-paid nurse, for the material at hand shows plainly that nursing services are being given without hesitation and in many cases without remuneration. The replies to the questionnaires showed that, during the two-year period, two hundred and thirty one cases of varying lengths had been nursed without any remuneration whatsoever. Two hundred and thirty-one families knew the humiliation of having to accept charity in order to save life or safeguard health. What a boon health insurance would be to these people and to the nurses who have given so freely of their services. Consider too the number of cases nursed at a reduced fee; the replies showed three hundred

and ninety-seven such cases. This does not mean merely the reduction of a dollar or two dollars, nor even cutting the regular fee in half, but in some cases receiving fifty cents a day for twenty-four hour duty.

Just one case was cited in detail by a rural private duty nurse: we find the man of the house with pneumonia, his wife not in good health, the nurse on twenty-four hour duty, washing, ironing, baking bread, carrying wood and coal for fires, helping with the housework in general as well as having almost the entire responsibility of the patient, the doctor being able to pay a visit only every three or four days because of the distance. For this case the nurse received fifty cents a day, fifteen dollars a month (and her professional education took three years!) nor does fifty cents or a dollar a day seem to be unusual in rural districts.

Reasons for Reduction

The reasons for making reductions in the regular fee vary, the most common one, of course, being knowledge of the patient's financial condition; in that case the nurse invariably suggests or offers the reduction herself. Many times, unfortunately, the answer to question number five was: "Yes, we do find people who can afford the regular fee taking advantage of the times." It seems that if Mr. Smith's income is only one thousand dollars a year or less, and the nurse realizing this gives her services for what Mr. Smith can afford to give her, Mr. Jones, next door, learning of it, sees no reason why even though his income exceeds two thousand dollars a year he cannot obtain nursing service at the same rate. Hence Mr. Jones suggests the reduction. In a few cases the doctor

suggests to the patient that a nurse may be obtained for less than the regular fee. In striking contrast to the case of Mr. Jones, we have the case of a farmer's family who, finding it impossible to manage without nursing care and equally impossible to pay the nurse, rather than take advantage of anyone or accept charity, gave the nurse a cow in exchange for her services. Fortunately the Joneses are not as prevalent as the poor but proud farmers.

What Can Be Done?

It is quite obvious that nursing services are not being withheld because of the patient's inability to pay for them, but the nurse who receives only fifteen dollars a month, the nurse who receives the cow for payment, and the more fortunate nurse who has never found it necessary to reduce her fees, all have the same living expenses. Laundry, board and room must all be paid for. How are they to meet these expenses? Thirty-two percent of the nurses in the province of Manitoba have not received the full fee for one case during the past two years, that is they are nursing all cases at a reduced

fee, the reduction varying according to the financial circumstances of the patient. Only eleven and a half percent of the nurses questioned have never been asked by patient or doctor or have never had occasion to offer to make a reduction in the fee. In rural districts, outstanding accounts for a period of two years vary from ten dollars to seven hundred and fifty-five dollars; in the cities from five dollars to three hundred dollars. This, I believe, portrays fairly accurately the conditions existing among the private duty nurses in the Province of Manitoba and also indicates the embarrassment and humiliation suffered by numerous families in having to offer less than what they know to be a set fee for nursing service; but it does not tell us how many people or families have done without much needed nursing care because of their inability to meet this expense. How numerous they must be. Until such time as the cost of nursing service is evenly distributed by some form of health insurance the economic gap between the non-nursed sick and the idle private duty nurse will remain unbridged.

CAN IT BE DONE?

HELEN M. BUHLER, Private Duty Nurse, Hamilton, Ont.

In Ontario, in the year 1933, there were 70,000 births, 44,000 of which were in homes. There were 35,000 deaths, 23,000 of which were in homes. A patient who is mortally ill unquestionably requires expert nursing care, and the parturient woman obviously needs the services of a nurse at the time of delivery and for a few days after. Had the first group received an average two weeks nursing care and the second group one week there would have been a demand

for 90,000 "nursing weeks" in the homes of Ontario alone. To put it another way, there would have been sufficient work to keep 1,875 private duty nurses steadily employed for 48 weeks each during 1933. The reason that nothing like this number were actually employed is not difficult to surmise: *the average household cannot afford to pay for the nursing service it needs.* Something had to be done to bridge this economic gap. Why not health insurance?

Health Insurance

Now, what is health insurance and how could it be carried on? In the Sur-

(An address given before the Private Duty Section of the Canadian Nurses Association at the Biennial Meeting, June, 1934.)

vey of Nursing Education in Canada Dr. Weir outlines one possible plan as follows:

1. A complete health service should include medical, nursing, and dental services. Hospitalization should also be available and public health services should be maintained.

2. Such services might be financed by contributions from the insured and from governmental sources, federal, provincial and municipal.

3. Health insurance should be compulsory for all single adults whose income is less than \$1,200.00 per year and for all married persons whose income is less than \$2,000.00 per year. Persons receiving higher salaries than these might be given the option of participating.

4. In order to discourage any abuses, persons actually receiving nursing care should be charged at the rate of ten percent of the actual cost of the nursing service supplied to them.

Dr. Weir suggests that the following changes would come about in private practice if such an insurance scheme were put into operation:

1. Provincial nursing councils would be set up which would either operate or control all nursing registries.

2. The money derived from contributions to the insurance scheme would be paid into a central consolidated fund.

3. Private duty nurses would be paid on a salary basis and would be assigned to cases as visiting nurses now are.

4. Private duty nurses would be graded as to rank and earning power as are public health and hospital nurses.

5. Private duty nurses would be subject to supervision and control as is now the case in other nursing groups. Those who did not wish to accept such conditions would be at liberty to remain "free lances" and to carry on an independent practice as at present.

Reorganization of Registries

For some time the private duty nurse has realized that the day of the old-style registry is over and that a community nursing bureau must become something more than a dream. Thus each nurse would find herself a part of a strong co-operative organization assuring her

of economic safety as well as giving nursing service to all classes of the community in terms of their nursing needs.

Qualifications of Registrars

In view of the complexities of the situation we realize that any step towards the development of registries on a community basis at once discloses the need of a capable, diplomatic nurse for the direction and supervision of such a registry. A registrar should have the background of a number of years' experience in private duty so that she would have command over the conditions and circumstances which would arise in the supervision of nurses and patients. Her personality should enable her to be a link between the nursing service and the patient and, in order to do this effectively, she would have to guard against becoming mechanical as every case would have to be treated individually.

Making Up Our Minds

Before any scheme can be a success we must ourselves understand it and before we can do that we must study it. Here, then, are some questions which might be debated with profit at the section meetings:

1. Should the co-operative principle (health insurance) be applied to private duty nursing and is it desirable that private nurses be employed on a graded salary basis?

2. Is the suggestion of the *Survey* that nursing registries be controlled by provincial nursing councils a sound policy?

3. Should private duty nurses be subject to such control and supervision as is accepted by other nursing groups?

We must realize that the patient comes first and must prove to the public that we can give them what they are striving for—skilled nursing care at any time, in large or small amounts, at a reasonable price.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Changes at I.C.N. Headquarters

Recently Dame Alicia Lloyd Still, President of the International Council of Nurses, announced to the Board of Directors that she had received and accepted the resignation of Frau Reimann Alter, nee Christiane Reimann, as Secretary of the I.C.N. and as Editor of *The International Nursing Review*. Dame Alicia Lloyd Still advises that as the Executive Secretary, Miss Swcharzenberg, is in a position to carry out the details with reference to the next meeting of the Board and as publication of *The Review* has been suspended, the offices of secretary and editor shall remain vacant until the next meeting of the Board of Directors. Subscriptions which have been received in advance will be held in suspense until the Board has arrived at a decision regarding the future policy of *The Review*.

The Canadian Nurse

The report of the editor and business manager of *The Canadian Nurse* that was presented to the Canadian Nurses Association in General Meeting, 1934, is published herewith. This covers the first seventeen months of the two-year experimental period that commenced on January 1, 1933, with an editor and business manager on a full-time basis. Elsewhere in this issue reference is made to the present status of the *Journal*.

Status of the Journal as at December 31, 1932

On the date upon which the experimental period commenced, e.g., January 1, 1933, the status of the *Journal* was as follows:

1. During 1932 the circulation of the *Journal* decreased by approximately four per cent.

2. The *Journal* was not self-supporting and was subsidized during 1932 by the Canadian Nurses Association to the extent of \$250.00.

3. The deficit, accumulated over a period of some years, amounted to \$1,323.89.

It was apparent that in order to attempt to meet the greatly increased operating charges, due to the employment of a full-time editor, that the following measures would immediately have to be taken:

1. Improvement of the format and content of the *Journal* in order to make it more attractive to both subscribers and advertisers.

2. An active campaign to increase circulation.

3. Restriction of operating and promotion expenses to the lowest level possible.

Promotion of any magazine involves expense, especially for stenographic assistance, but under the circumstances it was also necessary to keep expenditures within the limitations envisaged by the Association. This was accomplished by readjusting the amount allotted for the salary of the editor so as to effect: (a) an immediate cash reduction of ten per cent; (b) a further reduction by an amount sufficient to pay for stenographic assistance. The need for stenographic assistance was increased by the fact that as soon as the terms of the agreement permitted, the services of an advertising representative were dispensed with, and this function was assumed by the editor.

Increase in Circulation

In 1933 the editor visited and addressed provincial and local nursing organizations in every province except Prince Edward Island. Her travelling expenses were provided by the generous assistance of the nursing organizations themselves and were not a tax upon the resources of the *Journal*. It was possible in some of the provinces to arrange for the organization of regional committees in the interests of the *Journal*. The results already obtained by these groups are remarkable and in some parts of the country have far exceeded what might

reasonably have been expected in difficult times.

Financial Status of the Journal

In the first twelve months of the experimental period, and before the promotion campaign was under way, the *Journal* failed to meet the increased overhead charges caused by the employment of a full-time editor and therefore was subsidized by the Canadian Nurses Association to the extent of \$2,158.35. For the first five months of 1934 the earnings of the *Journal* have been sufficient to meet all expenditures including the cost of the annual audit and the yearly supply of stationery. Since, however, earnings are always higher during these first five months than during the closing months of the year, it is probable that some subsidy will be required during the coming months. Present indications are that the amount required will be substantially less than in 1933 and may not exceed \$1,000.00 (one thousand dollars).

The Functions of the Journal

During the experimental period the functions of the *Journal* have been held to be:

1. To afford a means of dignified publicity for the interests and activities of the Canadian Nurses Association. This is effected in two ways: (a) Directly and officially through the medium of the department known as "Notes from the National Office" contributed by the executive secretary of the Association; (b) indirectly and unofficially by articles and editorial comment.

2. To interpret to nursing groups in other countries the aspirations and the ideals of Canadian nursing. Repeated reference to Canadian nursing activities in other nursing publications indicates a measure of success.

3. To act as a stimulus toward constructive thinking concerning all nursing problems, educational, technical, and economic, and to reflect, integrate and interpret the thought of Canadian nurses. While it cannot be claimed that this function is, as yet, performed as it should be, nevertheless a beginning has been made. There is a growing tendency toward expression, particularly on the part of the younger nurses, which promises well for the future.

4. To serve equally all the principal branches of nursing service, public health, institutional and private duty, and to avoid sectionalism and narrowness.

5. To be of service to individual nurses and especially to those who practice in isolated parts of the country.

Conclusion

The task of the past seventeen months has not been easy and the path still leads uphill. The measure of success which has been attained is largely due to the magnificent response of nursing organizations and of individual nurses in every part of the Dominion who, sometimes under conditions of extreme hardship, have given practical proof of their faith in the *Journal*. The editor wishes to express her most cordial appreciation of the sympathetic direction and help of the members of the publications committee, Miss F. H. M. Emory, President of the Canadian Nurses Association, and Miss Jean E. Browne, who during this difficult experimental period have given ungrudgingly of their time and effort.

ETHEL JOHNS, Reg. N.,
Editor and Business Manager.

Report of the Publications Committee

The publications committee consists of Miss Jean Browne, Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, and the President of the Canadian Nurses Association as convener. In preparing this report the committee has been mindful of responsibility assumed in making recommendations regarding the future policy of the magazine: an attempt has been made to give weight to the unquestioned value of the *Journal*, on the one hand, and, on the other hand, to make recommendations in terms of the ability of this Association to meet a financial deficit which is likely to occur (in decreasing amounts, it is hoped) over the next five-year period. The Association is asked, therefore, to consider with unusual care the three

recommendations contained in this report:

1. That the Canadian Nurses Association go on record as approving the principle that *The Canadian Nurse* should be self-supporting.

2. That because *The Canadian Nurse* is a trade journal, its circulation is limited to the professional group for which it is published. Its circulation, therefore, can not go beyond 10,000 in the next ten years, unless the population of Canada increases at an unexpectedly rapid rate, or unless schemes of compulsory health insurance provide employment for much larger numbers of nurses. This small potential circulation of a national magazine limits the amount of advertising that can be reasonably expected. Consequently income has to be gauged on a subscription basis.

At present, there are approximately 2,700 subscribers to *The Canadian Nurse*, an increase of about 700 in the last year and a half. At the same rate, it will take about five years to bring the subscriptions up to 5,000. It requires a subscription list of approximately 5,000 to make the magazine self-supporting and to pay the cost of publishing and salaries as outlined in 3(b), and other necessary expenses. Therefore, if the Association adopts the recommendation contained in 3(a), it

must be prepared to subsidize the magazine for the next four or five years,—for 1934 possibly to the amount of approximately \$2,000.00, and for the following years possibly for a gradually decreasing amount.

3. (a) That dating January 1, 1935, the present editor and business manager be re-appointed in that capacity until the date of the General Meeting of the Canadian Nurses Association in 1936, at which time the whole situation and policy of the *Journal* is to be subject to review and re-consideration in view of the circumstances which may exist at that time.

(b) That the amount budgeted for salaries for the period mentioned above be at the rate of \$4,700.00 per annum and that this sum be allocated as follows:

Editor and business manager	\$2,780.00
Bookkeeper and general assistant .	1,200.00
Stenographer	720.00
Total	\$4,700.00

(c) That the present editor and business manager be granted a vacation of one month in each twelve months of the time she is employed in that capacity.

FLORENCE H. M. EMORY, *Convener*.

GETTING ON WITH THE JOB

GRACE M. FAIRLEY, *Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.*

It is good news to learn that the Canadian Nurses Association is offering a scholarship to a member of that Association which will enable the fortunate winner to attend the 1935-1936 sessions of the courses given at Bedford College, London, under the auspices of the International Florence Nightingale Memorial Foundation. This announcement reminds us, however, of our financial obligations to the Foundation. At the Biennial Meeting it was decided to raise \$1,250.00 annually for a scholarship and a similar sum towards the endowment fund. It is hoped that every Alumnae Association and nursing organization, whether graduate or student

body, will remember this international yet personal memorial and, in allocating their disbursements for the year, will make generous provision for it. The personal enthusiasm of every member of the Canadian Nurses Association is necessary if our obligation is to be met, and keen competition between the provinces is looked for by the award committee. We hope to deal with many applications from those eligible to take the course. Further contributions to the fund are hereby acknowledged:

Alberta

A.A. University Hospital, Edmonton	\$10.00
Student Nurses, Edmonton General Hospital	5.00

Book Reviews

F. J. SHEPHERD, SURGEON. His life and times by William Boyman Howell, M.D., anaesthetist-in-charge, The Royal Victoria Hospital, Montreal. 251 pages. Illustrated. Price \$3.00. Published by J. M. Dent and Sons, 224 Bloor St., Toronto.

In a masterly review of this remarkable book Sir Andrew MacPhail speaks of it as follows:

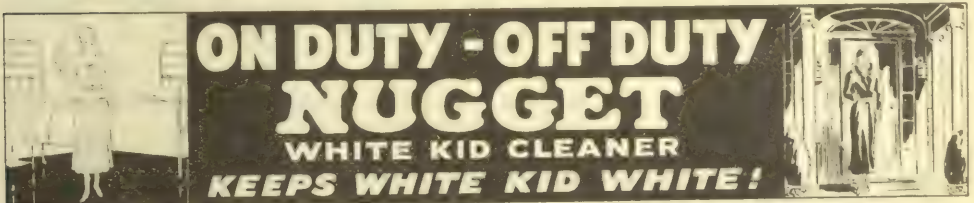
This book is more than a book; it is a picture. The main figure, Shepherd, is drawn with a true and loving hand, surrounded by his colleagues, friends, and students. There is in all a touch of caricature and even of the comic. The background is equally interesting. Shepherd lived at the juncture of the old and new surgery, and was an apostle of the new. His honesty, courage, and industry, the respect and affection he inspired, left an impress upon McGill and upon the profession throughout the world. The work is not for professional readers alone; it can be read with delight by all who have a taste for art and style, and have a smile to spare for secret wit, irony, and even satire—but with not a tinge of malice.

Certainly this book will be read with delight by all nurses who had the privilege of working with this great Canadian surgeon. In one of the many excellent illustrations the present superintendent of nurses in a large western hospital may be seen with Dr. Shepherd, all "scrubbed up" and very intent on her instrument tray. Though there is not much said about nurses and nursing Dr. Shepherd himself is responsible for this ironical sketch of Miss Rimmer, who though not

a nurse, was responsible for the nursing service of the Montreal General Hospital in 1878:

Miss Rimmer was a lady of means, but with no hospital experience though with a natural bent for hospital work, and managed not only the hospital but the committee of management as well. Her assistants were the old-fashioned kind who liked the work, younger and somewhat better than those who preceded the Machin regime; kind-hearted and not given to drink. Miss Rimmer managed everything and everybody. She was able to get her own way with both doctors and committee of management. As regards the doctors, she would find some irregularity or contravention of hospital rules which gave her power over them; and she used it. At this time doctors sometimes charged hospital patients and also took house-surgeons with them to help at operations. All this was against the rules. I myself took care to have my skirts particularly clean, so that she could never make any complaint against me.

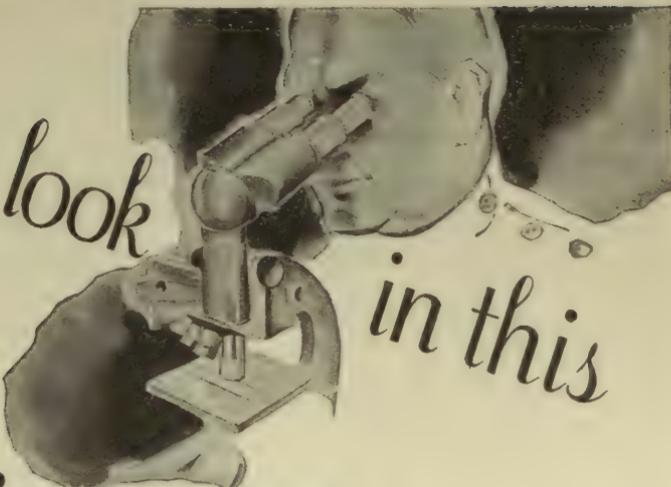
The change for the better which came about as a result of the organization of the school of nursing by Miss Norah Livingston is referred to several times and there is incidental mention of the contribution made by nurses to the perfecting of aseptic operating-room technic. The appeal of this book is by no means local for it portrays not only the man, but the times in which he lived. The author, who is himself a distinguished physician, has skilfully interpreted that fine spirit which animates Canadian medicine and which compels the admiration and respect of nurses in all parts of the Dominion.



ON DUTY - OFF DUTY
NUGGET
WHITE KID CLEANER
KEEPS WHITE KID WHITE!

... OFF ... DUTY ...

We once gazed from a respectful distance . . . at Amelia Earhart . . . who has flown alone . . . across two oceans . . . and yet is quite modest . . . and matter of fact about it . . . She looks a little like Lindbergh . . . the same mop of untidy fair hair . . . and an air of gallantry . . . which stirred something in us . . . though not a desire to fly . . . We are quite aware . . . that we are hopelessly imprisoned in our generation . . . and when we take to the air . . . it will be under our own power . . . no silk and aluminum wings for us . . . Nevertheless we are forced to admit . . . that the future of nursing is in the air . . . literally as well as figuratively speaking . . . Just the other day . . . the British Red Cross Society experimented with a flying hospital . . . and a forty-two seater air liner soared over London for an hour . . . while in its interior nurses waited on "patients" . . . with neatness and despatch . . . Of course, there is nothing startlingly new about this . . . In the United States registered nurses are regularly employed . . . as stewardesses on air planes . . . We once talked to an official about them . . . He explained that they must be young . . . and not too plump . . . and ready to tackle anything . . . from preparing infant feedings . . . to soothing nervous gentlemen . . . who seem disposed to try to raise their drooping spirits . . . to an unsafe altitude . . . by means of alcoholic stimulants . . . The official said that "nurses stand up well in a crash" . . . This struck us as high praise . . . He thinks it is because of their "discipline" . . . and so do we . . . It looks as though Canadian nurses . . . will some day have plenty of opportunity . . . to explore the air lanes . . . especially in the far North . . . One day we glanced out of the window of a train . . . and on a blue lake in New Ontario . . . we saw a sea plane . . . riding on the water like a silver gull . . . Its regular job is to ride herd on forest fires . . . but every now and then . . . they "fly" a doctor . . . or a nurse . . . or sometimes both . . . to a lumber camp . . . or an Indian Reserve . . . That plane started us thinking . . . about the power of the air . . . In Warsaw we were taken . . . to see the air port . . . There, in two long rows . . . wing-tip touching wing-tip . . . were the military planes . . . all facing toward the Polish Corridor . . . Another time we looked out from a high building in New York . . . and saw an United States navy dirigible . . . silver against a turquoise sky . . . and waking one night in a stuffy berth . . . saw a pencil of light sweeping the sky . . . from an air beacon . . . on the Mojave Desert . . . All these things . . . had moved us profoundly . . . Why then are we not "air-minded" . . . as Herr Hitler says we should be? . . . Perhaps because our first experience of aviation was when we saw . . . a nervous pilot . . . at a country fair . . . get his clumsy plane off the ground . . . for about fifty feet . . . before it dropped again . . . We saw the wheels lift from the ground . . . the spirit of man had conquered the power of the air . . . for a brief moment . . . before it took its revenge . . .

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The quarterly business meeting of the Calgary Association of Graduate Nurses was held on December 18 with the president, Miss Gilbert, in the chair. A bridge party will be given to raise funds for this year's contribution to the Nightingale Memorial Foundation. Hearty approval was given to the establishment of a Nurses' Registry by Miss Maberly in connection with the Group Nursing Society. There has been no central registry in Calgary since the Association had to close that sponsored by them because of lack of funds, nearly two years ago, and it is felt that one under the auspices of the new group will be of great service to the public, doctors and nurses.

MARRIED: On Sept. 12, 1934, Miss Hannadell Cameron (R.A.H., 1934), to Mr. Robert Carmichael.

MARRIED: On August 6, 1934, Miss Esther Gertrude Gerry (R.A.H., 1930), to Mr. Maurice Hallett.

MARRIED: On Sept. 14, 1934, Miss Goldie McDiamid (R.A.H., 1925), to Mr. A. G. Jones.

MARRIED: On August 14, 1934, Miss Louva Wilkinson (R.A.H., 1932), to Mr. Wm. A. Hecko.

MARRIED: On Sept. 12, 1934, Miss Phyllis Petty (R.A.H., 1931), to Mr. Alexander Baird.

BRITISH COLUMBIA

VANCOUVER: The offices of the Graduate Nurses Association of British Columbia has been moved from room 516 to room 520, Vancouver Block, Vancouver.

VANCOUVER: Friends of Mrs. Eve D. Calhoun, formerly superintendent of the Vancouver branch of the Victorian Order of Nurses will be interested to hear of her appointment as territorial supervisor for the Metropolitan Life Insurance Company welfare division. Her territory comprises Ohio, West Virginia and Kentucky.

MANITOBA

WINNIPEG: Provincial Health Nursing Service: Miss C. Taylor who resigned from the staff to take charge of Junior Red Cross work in Toronto was, prior to her departure, guest of the Nurses' Social Club at a delightful dinner party. Miss K. Arthur is on temporary duty at a special V.D. clinic in St. Lazare district and Miss W. Barratt is also on temporary duty in connection with toxoid

clinics in Manitou district. In connection with the organization of the St. Boniface Health Unit, Miss A. Laporte and Miss I. Broadfoot resigned from the staff to accept appointments in the nursing service of the Unit. Miss Winona Spence has been appointed staff nurse at the Mayo Landing Hospital in the Silver Mines of the Yukon. She sailed from Vancouver to Shagway, Alaska, and journeyed by rail to White Horse, and rest of the way to Mayo Landing by coach and dog team.

Miss M. Ring reports the following incidents while working in Mafeking in connection with toxoid clinics: "One home visit proved rather amusing, when the mother of two children told me, 'Yes, I admit you are right, the children should get treatment but I don't know about mine, my mother did not have us treated like that and besides, I have my convictions.' In spite of the 'convictions', she brought her children to the clinic. Just as we were ready to start the first clinic, in fact we were filling the syringes, when the school room door opened, and a young woman walked in carrying two small children, one balanced on each hip. She came straight up the aisle, put one child on the desk in front of the doctor, and the other in my arms, saying, 'Please do them first, I left my bread in the oven!' Her instructions were carried out." In Fisher Branch, Miss B. Altman relates an embarrassing situation which turned into a most satisfactory one: "While doing a class room inspection in one of the rural schools I found that soap and water were not made use of to any great extent. Apparently my talk on cleanliness must have been more forceful than I thought, for when I arrived the second time the minute I walked into the room all the pupils left the class room. I will admit I feared I had made a wrong impression and both the teacher and I looked out of the window to see what had happened. The entire class made one rush for the pump, some with their towels, others with soap and the wash basin, some trying to wash while a chum pumped the water, unable to wait their turn at the basin. It was a most amusing sight."

During the year changes have occurred in the public health nursing service as follows: Miss B. Altman appointed to Chatfield and Fisher Branch; Miss N. Anderson transferred from Rorketon and Alonsa districts to public service nursing in Brandon; Miss M. Kingersky transferred from Chatfield and Fisher

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Branch to unorganized territory north of Swan River; Miss M. E. Ring transferred from Swan River to the municipality of Lawrence; Miss A. Steel appointed to West Kildonan; Miss J. Rea assigned to the dried-out area in the southern part of the province for general health and public health service.

WINNIPEG: A special meeting of the members of the Manitoba Association of Registered Nurses was held recently when Miss Ruby Simpson, O.B.E., President of the Canadian Nurses Association, gave an address, her subject being "The advisability of appointing a training school adviser for the province of Manitoba."

NEW BRUNSWICK

FREDERICTON: The regular meeting of the local Chapter of the N.B.A.R.N. was held on January 7 with the attendance of twenty-four members. There was a discussion of the amendments of the constitution and by-laws of the association and at the conclusion of the meeting a musical programme was enjoyed.

SAINT JOHN: The Alumnae Association of the Saint John General Hospital met on December 3 and, after the business meeting, the members participated in a quilting party, the proceeds of which are to be given to the

Victorian Order of Nurses. In honour of Mrs. Stanley Rankin the nursing staff of the Saint John Tuberculosis Hospital and the members of her class in the School of Nursing of the General Public Hospital arranged an entertainment when she was the recipient of a shower of useful gifts and, in addition, Dr. L. MacPherson, on behalf of the staff of the Saint John Tuberculosis Hospital presented her with a walnut table and a floor lamp. Mrs. J. Gray and Miss I. Burns were joint hostesses at a subscription bridge, the proceeds of which will be added to a fund which is being collected by members of the Health Centre staff in order to wipe out the deficit on the Gyro Fresh Air Camp.

WOODSTOCK: The regular meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held recently with Mrs. Harry Dunbar in the chair. At the close of the business session Dr. E. F. Woolverton gave a very helpful lecture on pneumonia.

NOVA SCOTIA

HALIFAX: Miss Ethel Chisholm who has been attached to the Mission Hospital in Formosa for the past five years returned recently on furlough, and gave an interesting talk to

the nurses of the Victoria General Hospital, of which she is a graduate. Constable Michael Quinn, R.C.M.P., a graduate of the Victoria General Hospital, recently visited Halifax. He has been stationed in the Far North for the past two years. Miss Jean Nelson, Assistant Superintendent of Payzant Memorial Hospital, Windsor, was recently a guest of Miss M. Graham.

MARRIED: Miss Dorothy Wentzell (V.G.H., 1932), was married recently to Mr. Robert Stetson.

ONTARIO

DISTRICT 1

LONDON: The Ontario Hospital Alumnae Association recently held their regular meeting with Miss Williams presiding. It was decided to send donations to various charitable organizations. Dr. Stevenson, superintendent of the Ontario Hospital, gave an interesting address. Miss M. L. Jacobs was hostess, assisted by Misses N. Williams, L. Lindsay, L. Kelly, I. Wilson and D. Kennedy.

MARRIED: On January 1, 1935, Miss Jennie Mae Blue (Victoria Hospital, 1927), to Mr. Hector McCallum.

DISTRICTS 2 AND 3

BRANTFORD: Mrs. W. H. Andrews (nee Clara Kelly), recently entertained the 1921 graduating class, B.G.H., in honour of Miss Florence Westbrook. Dr. S. Y. Chao, Fowchow, Szechwan, who is taking a postgraduate course at the University of Toronto, was a recent visitor at the Brantford General Hospital. Dr. Chao, and Miss I. McIntosh, who is home on furlough from her post in China, were entertained at dinner recently by Miss E. M. McKee.

MARRIED: On December 20, 1934, Miss Margaret MacCormack (B.G.H., class 1925), to Mr. Albert Erwin.

BRANTFORD: Miss E. Jackson, teacher of the auxiliary class of the Brantford public schools, was the speaker on Dec. 4 at the meeting of the Alumnae Association of the Brantford General Hospital. Her address was much enjoyed. Miss N. Yardley (B.G.H., 1927) has accepted the position of industrial nurse at the Slingsby Manufacturing Co.

MARRIED: On Dec. 1, 1934, Miss Laura Palmer (B.G.H., 1930), to Mr. Carl Windrim.

GALT: At the annual meeting of the Alumnae Association, the following officers were elected: President, Miss E. Hyslop; vice-president, Miss J. Bell; secretary, Miss S. Post; assistant secretary, Miss B. Gibbons; treasurer, Miss H. McLaughlin.

MARRIED: On Dec. 15, 1934, Miss Margaret F. Hubert, to Mr. Earl P. Ronald.

GUELPH: The Guelph General Hospital

Alumnae Association recently gave a successful dance with an attendance of three hundred. The patronesses were: Miss S. A. Campbell, Miss L. Ferguson, Mrs. J. H. King, Mrs. T. M. Savage, Mrs. H. O. Howitt and Mrs. W. A. Proud. The proceeds will purchase a new Hospital Doll for the School. Miss W. Ashplant, who has been in charge of the V.O.N., in Guelph, for the past three years has been awarded a Rockefeller Scholarship. She is leaving the first of the year to take postgraduate work at Columbia University and Lobenstine Clinic. This is a splendid opportunity and the congratulations and best wishes of her many friends are extended to her. Miss I. Pringle has returned from Perth, where she was engaged in public health work. Mrs. M. E. Cockwell, organizer for the home nursing classes, Guelph branch, Ontario Red Cross, has outlined a constructive programme for the season. The following are the teachers: Misses M. Anderson, Cheaney, Stallibrass and Mrs. Simpson.

GUELPH: The officers of the Alumnae Association for 1935 are as follows: Hon. President, Miss S. A. Campbell; president, Miss K. Cleghorn; first vice-president, Miss E. Eby; second vice-president, Miss P. Rowland; secretary, Miss N. Kenney; treasurer, Miss M. Wood; conveners: social committee, Miss M. McFarlane; programme committee, Miss A. Fennel; flower committee, Miss I. Wilson; representative to *The Canadian Nurse*, Miss B. MacDonald.

DISTRICTS 2 AND 3

KITCHENER: Miss Mabel Wright and Miss Betty Adair have completed a postgraduate course in orthopedics at the Shriners' Hospital, Montreal.

MARRIED: On November 17, 1934, Miss Edna Seiling (K. and W. H., 1931), to Mr. Roy Guenther.

WOODSTOCK: Miss M. Costello, president of the Alumnae Association, recently entertained at a "get together" evening. The funeral of Mrs. Harry Sterling (Hannah Brown, W.G.H., 1932) was held on November 10, 1934. Members of the Alumnae Association, in uniform, formed a guard of honour.

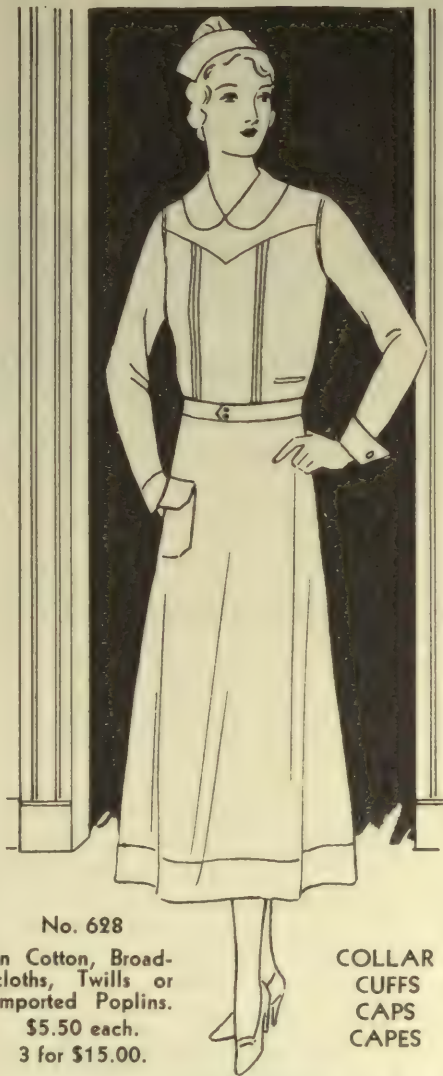
MARRIED: On Nov. 1, 1934, Miss Margaret Berst (W.G.H., 1931), to Dr. John Hall.

MARRIED: On September 22, 1934, Miss Isabel Kelsey (W.G.H., 1930), to Mr. Marshall Bruder.

DISTRICT 5

TORONTO: St. Michael's Hospital: Miss Marion Topham and Miss Margaret Birns (class of 1932), having completed postgraduate courses at the Mayo Hospital, Rochester,

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Minn., have received appointments on the operating room staff of the hospital. The annual dance of the Alumnae Association of St. Michael's Hospital was held recently under the convenship of Miss Bernice Quilty and was very successful in raising funds for a scholarship for 1935.

MARRIED: On November 10, 1934, Miss Marjorie Doherty (St. Michael's, 1931), to Mr. John D. Powers.

MARRIED: On August 18, 1934, Miss Isabel Meagher (St. Michael's, 1926), to Mr. Aubrey Jewell.

MARRIED: On November 7, 1934, Miss Mary Munson (St. Michael's, 1932), to Mr. James Francis.

TORONTO WESTERN HOSPITAL: The Alumnae Association is having a refresher course including practical demonstrations and lectures. Miss Benita Post has returned from Chicago after completing a postgraduate course at the Michael Reese Hospital. Miss Maude Campbell (1931), is taking the course in teaching and administration at McGill School for Graduate Nurses.

MARRIED: On November 24, 1934, Miss Irene M. Amey (T.W.H., 1928), to Mr. Ross Solomon.

MARRIED: On December 24, 1934, Miss Bonnie Bailey (T.W.H., 1934), to Dr. D. Revelle.

MARRIED: On December, 1934, Miss Frances Bradshaw (T.W.H., 1929), to Mr. Ray Lougheed.

MARRIED: On September 15, 1934, Miss Elizabeth Hamilton (T.W.H., 1924), to Mr. Donald Lloyd Wickham.

MARRIED: On December 25, 1934, Miss Helen Milne (T.W.H., 1931), to Mr. Carson Eddy.

MARRIED: In October 1934, Miss Myrtle Rae (T.W.H., 1932), to Mr. Herbert Holland.

MARRIED: On January 2, 1935, Miss Lillian Wilson (T.W.H., 1932), to Dr. Geo. Seymour.

DISTRICT 6

BELLEVILLE: Miss Rea Wager (1930), has taken a position in the Alexandra Hospital, Montreal.

MARRIED: On December 4, 1934, Miss Ruth Bell (1933), to Mr. Alfred Evens.

PETERBORO: The annual dinner of the Alumnae Association of Nicholls Hospital was held recently with a large attendance which included the graduate nurses of the city, the staff doctors and their wives and representatives of the local Board of Health. Dr. W. J. Bell, Deputy Minister of Health, was guest speaker, and gave an interesting address which confined itself mainly to an outline of the background of the medical and



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nursing professions. Mrs. Dorothy Allen Park was guest soloist.

QUEBEC

VICTORIAN ORDER OF NURSES, MONTREAL BRANCH: Miss Agnes L. Hartman, B.A., Western University, Miss Helen Reid, B.A., graduate of the Royal Victoria Hospital and the McGill Course in public health nursing, Miss Marjorie McKinnon and Miss Lyle Willis, both graduates of the Montreal General Hospital and the McGill Course in public health nursing, have been appointed to the staff of the Montreal branch of the V.O.N. Miss Anne Sutherland, who has been a member of the staff for the past five years, has resigned to be married. Miss Esther Lewis, B.A., assistant supervisor of the North District, recently spent two weeks in New York observing work at the Henry Street and Brooklyn Visiting Nurse Associations. Miss Marion Nash, educational director of the Montreal branch, is assisting with supervision in the Ontario branches for a few weeks. Dame Janet Campbell recently gave a very interesting address to a joint meeting of the V.O.N. and the Child Welfare Association staffs. Tea was served by the Victorian Order of Nurses' Board, and board members of both organizations were present.

ROYAL VICTORIA HOSPITAL: News of the recent honour of the Order of the British Empire which has been conferred upon Miss M. F. Hersey, has been received with the greatest delight by Royal Victoria Hospital graduates all over the world. The annual meeting of the Alumnae Association of the Royal Victoria Hospital was held on January 9 when an excellent annual report was presented by the President, Miss M. F. Hersey, and annual reports from the various officers were received. Miss Edith Harding has resigned as Assistant Night Supervisor, Royal Victoria Hospital, and has left for her home in Regina. She will be replaced by Miss Molly Stevens (R.V.H., 1932).

MONTREAL: Miss Helen Buck, a graduate of the School of Nursing of the Royal Victoria Hospital, recently sailed for England where she will spend several months in study and observation in hospitals and schools of nursing. Her course has been arranged under the auspices of the Committee for Exchange of Nurses which is sponsored by the Canadian Nurses Association.


MONTREAL: Miss Caroline V. Barrett, President of the Association of Registered Nurses of the Province of Quebec, entertained delightfully at tea recently in honour of Miss E. Frances Upton, many of whose

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friends gathered to congratulate her on having rounded out twenty-five years of active service in the nursing profession.

MARRIED: Recently in Montreal, Miss E. Bottomley (C.M.H., 1932), to Mr. Norman Page.

QUEBEC: The superintendent and nursing staff of Jeffery Hale's Hospital were at home to all graduate nurses on New Year's Day. The reception was well attended both by outside as well as by local graduates. Miss Elsie Walsh, convener of the private duty section, received with Miss Armour. The tea table was presided over by Mrs. F. Mahon, R.R.C. and Miss V. Tremaine, R.R.C. The Misses

M. Doddridge, K. Ross, M. Shannon and I. Gourley (all recent graduates), assisted in serving.

SASKATCHEWAN

SASKATOON: Miss Alice Johnson is convalescing at the home of her sister. Miss Olive Dowler is relieving in the diagnostic clinic, of the Saskatoon City Hospital.

MARRIED: On December 13, 1934, Miss Margaret H. Kettles (S.C.H., 1932), to Mr. Wilfred A. Willy.

MARRIED: On January 1, 1935, Miss Jessie I. Pearce (S.C.H., 1926), to Mr. William Charles Walker.

OBITUARY

BATTY—In May, 1934, Leila Batty (Toronto General Hospital, 1891), formerly of Shanghai, China.

COTTRELL—On May 3, 1934, Mrs. V. Cottrell (Irene Drury, Toronto General Hospital, 1921).

DUNCAN—In June, 1934, Mrs. E. J. B. Duncan (Minnie Samson, Toronto General Hospital, 1907).

EASSON—On December 9, 1934, at the East Saint John Tuberculosis Hospital, Mary H. Easson, a graduate of the School of Nursing of the Saint John General Public Hospital, class of 1910.

ELLIOTT—The death occurred recently of Miss Margaret Elliott, a member of the class of 1912 of the School of Nursing of the Kitchener and Waterloo Hospital. Miss Elliott was a well-known private duty nurse

who took an interest in all nursing activities and will be greatly missed by a wide circle of friends and personal associates.

FISHER—The death of Frances E. Fisher occurred on December 24, 1934, at her home in Glanworth. She was a member of the class of 1915 of the School of Nursing of the Victoria Hospital, London, Ont. Miss Fisher served as a Nursing Sister with the C.A.M.C. No. 12 Bramshott Hospital during the Great War. Prior to her death she was a member of the nursing staff of the Westminster Hospital.

MUNDELL—On Nov. 20, 1934, at Orillia, there passed away Miss Jessie Mundell (H.G.H., 1933), at the early age of 24 years.

ROSE—In July, 1934, Agnes Rose (Toronto General Hospital, 1883).

*We wake and whisper awhile, but the day gone by,
silence and sleep like fields of amaranth lie.*

—WALTER DE LA MARE.

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Edmonton Association of Graduate Nurses

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BRITISH COLUMBIA**Nelson Graduate Nurses Association**

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Vancouver Graduate Nurses Association

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12th Ave.; *Council:* Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. *Finance*, Miss Teulon, 1385 West 11th Ave.; *Directory*, Miss K. Motherwell, 1947 West 10th Ave.; *Social*, Miss A. J. MacLeod, Vancouver General Hospital; *Programme*, Miss B. Donaldson, St. Paul's Hospital; *Sick Visiting*, Miss C. Cooker, Vancouver General Hospital; *Membership*, Mrs. Blankenbach, 1816 West 36th Ave.; *Local Council of Women:* Misses Duffield and Gray; *Press*, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

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MANITOBA**Brandon Graduate Nurses Association**

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QUEBEC**Graduate Nurses Association of the Eastern Townships**

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MONTREAL

Montreal Graduate Nurses Association

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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A.A. University of Alberta Hospital, Edmonton

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Royal

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SOME NEW THERAPEUTIC AGENTS

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During the preparation of these remarks I have been so often reminded of many occasions when the pertinent comments of nurses served to clarify for me questions relating to treatment about which I had considerable doubt, that my pride at being chosen to address you was tempered with a great deal of humility. I have tried to choose therapeutic agents for discussion whose value is, as far as possible, proven, and I have tried wherever possible to leave out controversial subjects, meanwhile concerning myself with new therapeutic agents.

The Barbiturates

I have chosen to open with the barbiturates not solely because they are new therapeutic agents in very common use but because definite knowledge of their pharmacologic action is quite new and therefore the indications for their use can now be stated with some certainty, and, equally important, we are growing to know something of their contraindications. Heretofore, unfortunately, we have been content with rather indefinite knowledge and the new information enables us to use them to better advantage. The barbiturates, depending on the drugs chosen, and the doses of those drugs, may be used to produce a simple sedative effect or definite narcosis. They may be divided into short and long acting drugs. In the first group are pentobarbital sodium or nembutal, and amytal; in the

second are phenobarbital, commonly called luminal, neonal, ipral, dial and barbital or veronal. Any and all of these drugs tend to act more quickly when combined with sodium. When classified according to their toxicity the order is somewhat different, barbital being the most toxic and the others in the following descending order: phenobarbital, amytal, neonal, dial, pentobarbital sodium.

All the drugs of this series produce a fall in blood pressure, and this has been a constant finding by all investigators, in addition they cause vasodilation of the blood vessel walls with subsequent weakening of the heart muscle. They depress the respiratory system when used in doses sufficient to produce narcosis, and if death follows the use of the shorter acting drugs it may be by respiratory paralysis. The output of urine is decreased but returns to normal in a few hours. Apparently they diminish contraction of the small intestine as it has been noted that vomiting after anaesthesia, and in one or two other conditions, is decreased when barbiturates are used. Their effect on the nervous system is a depressant one: in small doses they are hypnotic in effect, producing a comparatively light sleep. Reflexes are increased. As the dose is increased the sleep deepens till narcosis results. With the longer acting drugs the reflexes may remain increased throughout the period of narcosis, and there may also be motor restlessness while

An address delivered before the members of District 8, Registered Nurses Association of Ontario.

with the shorter acting forms, the reflexes are decreased after a preliminary increase. With all of them the pain sense is depressed, the extent depending on the dose. After moderate doses of the barbiturates most patients experience a feeling of well-being and freedom from worry.

Toxic Symptoms

With the poisonous effects due to idiosyncrasy to the drugs I will not deal except to say that they do occur and a patient receiving moderate or large doses of them for the first time should be carefully watched, and withdrawal should occur promptly on the first sign of unusual reactions. The longer acting drugs are excreted from the body so slowly that with constant use at even a low dosage they may accumulate and cause poisoning. The toxic symptoms are generally considered to be of three types: mental, which consist of coma, if the dose be large, or mental confusion if the dose be smaller but over a period of time; skin reactions which are either itchy wheals like hives, or a scarlet fever-like rash either of which may appear at any time after the first administration of the drugs; and the general which are varied, loss of appetite, vomiting, nausea, thick speech, double vision and a staggering gait.

Use and Effects

Knowing these facts we may formulate certain general directions for their use. Naturally the shorter and quicker acting drugs should be given when it is desired to produce sleep quickly, and the longer acting drugs when for any reason depression for a longer period of time is desired. Because of the depressant effect on the circulatory system they should not be given to patients with circulatory disease and this is particularly true of the shorter acting series. The drugs of both series are at present widely used in the treatment of insomnia and greater care should be taken in choosing the drug to be used. When sleep comes slowly but once having come remains, a short acting drug is best,

it induces sleep quickly and the sleep persists although the drug is eliminated soon after. When sleep is fitful a longer acting drug should be given whose effect will continue throughout the night, but it must be remembered that a heavy feeling the following morning is usual. With the type of person who goes to sleep easily but wakes in the wee small hours and stays awake till morning a small dose of one of the shorter acting drugs on awakening will generally induce sleep at once but will not leave any "hang over" in the morning.

All of these drugs in large doses will produce analgesia and even anaesthesia, but the latter effect is not used much because of the danger attached to the use of necessary large doses. Analgesia is most often produced at the present time by pentobarbital sodium and amytal sodium, both of which may be given by mouth or intravenously when necessary. This action of both drugs, however, may be accompanied by excitement varying from slight restlessness to restlessness so extreme that one or two nurses must be in constant attendance. It is customary therefore and wise to give a moderate dose of the chosen drug first, watch for restlessness, if it occurs discontinue the drug and if it does not, give enough more to produce the desired effect.

This analgesic effect is made use of in two conditions, obstetrics and preparation for anaesthetics. In the former the drugs are used during the early part of labor and even till the time of actual delivery, though at this time their effect is best augmented by an anaesthetic. Before anaesthesia they may be given in moderate dosage to allay apprehension, and so reduce excitement. As a matter of fact in addition to doing this they often give the patient a feeling of actual well-being and contentment.

Poisoning

In the case of any drug or series of drugs whose use is as widespread as that of this series it is unfortunately true that

poisoning is going to occur. It may happen during the routine use of the drug by physicians, this however should become rarer and rarer as the proper methods of dosage are better worked out, or it may happen accidentally during the use of the drug by patients, or with suicidal intent. The treatment of barbiturate poisoning therefore is of increasing importance. When poisoning is due to taking a large quantity of a drug by mouth, and the period of time which has elapsed since its ingestion is short, gastric lavage should be employed immediately in the hope of removing some of the drug and preventing further poisoning. Where systemic effects are already present, steps must be taken to counteract them. Until a short time ago the method generally used was stimulation of circulatory and respiratory systems by the injection of adrenalin, ephedrin, and caffeine. At present, use is made of the antagonistic action of the barbiturates and strychnine and large doses of strychnine should be given as soon as possible, and continued till improvement is manifest. This is one place where heroic doses are necessary; no half-way measures will suffice. Cases are on record where $1/6$ of a grain of strychnine were given every one or two hours over a period of 60 hours, making a total dose of 6 grs. in two and one-half days. If you remember that $1/2$ grain is the average dose required to produce death in a normal adult you will be impressed with the need of immense doses.

Action as Antidote

This brings us to another important use of the barbiturates themselves, that is, in the treatment of strychnine poisoning. Because of the rapidity with which strychnine acts and our lack in the past of any specific antidote, many deaths

occurred from its accidental use. Now it seems fairly well agreed that the barbiturates used soon enough and in a form which can act quickly will prevent death. This means that the drug chosen should be one which can be given intravenously. When the patient is seen very early just enough sodium amytal or sodium pentobarbital should be given to produce sleep, or if convulsions have occurred, enough to stop them. If sodium phenobarbital is used, enough should be given to stop convulsions even though sleep does not follow. In the case of sodium amytal the usual dose given at once is $7\frac{1}{2}$ grains intravenously. Further drug should be given to prevent convulsions if they occur again. If the patient when first seen is having convulsions the time-honored method of stopping them by the use of ether is wise while administration of a barbiturate is begun. Gastric lavage and other procedures which disturb the patient are not only unnecessary but unwise. That will bear emphasis. When the treatment was purely symptomatic it was necessary to remove all the strychnine possible by stomach tube and enema although it was known that these steps would increase the convulsions. Now that a more or less specific antidote is available such treatment becomes actually harmful.

I have laid more stress on the action of the barbiturates in strychnine poisoning than the action of strychnine in barbiturate poisoning, not because one is more effective than the other, but because the lethal action of strychnine occurs so much more quickly. In a case of barbiturate poisoning we have time to think, as death is unlikely to ensue quickly, but once strychnine has been ingested death may follow in a matter of hours.

(To be continued)

RED CROSS OUTPOST HOSPITALS

FRED W. ROUTLEY, M.D., Director. Ontario Division, Canadian Red Cross Society.

Only those who have been fortunate enough to travel extensively in Canada can appreciate the vast extent of virgin lands, forests, and rocky strongholds of previous metals which yet have been



A ONE-NURSE OUTPUT

untouched by human enterprise. Even in the areas into which our courageous young pioneers have blazed new trails, and new settlements have developed, these communities are far remote from each other and the facilities which they have are very meagre indeed. Into these small settlements, which are the centres of large sparsely settled districts, the Red Cross has found its way and is giving a service which previously had never been attempted in any such widespread way in any part of the world. The only previous service of a similar nature was that done by Dr. Grenfell on the Labrador Coast.

In order to understand what this service has meant to the settlers of these great scattered districts, you must know that in most areas there are exceedingly poor roads through long stretches of unbroken bush. You must also be aware of the fact that while the summers are beautiful and the land may bring forth most bounteous crops wherever tilled, the winters are long and very cold, accompanied nearly every year

by tremendous falls of snow, which sometimes lies as deep as five and more feet on the level in the bush. Because of the crude means of transportation and the weather conditions, the energy, courage and fidelity to duty of Red Cross nurses who commonly go long distances on skis or dog sleds are almost without parallel. However, they live in communities where the courage of the people is of the same character as the following example will illustrate:

In the dead of winter with the temperature over forty degrees below zero is a little cottage in the heart of the forest, fifty miles from a doctor, in the middle of the night, a young mother was suddenly taken ill. The husband was a hundred miles away working on the transcontinental highway. The oldest girl was a girl of twelve years. She recognized the gravity of her mother's condition and in spite of protestations on the part of the mother, she donned her clothes and taking a lantern in her hand and stepping onto her skis tramped seven miles alone through the heart of the forest to reach the Red Cross outpost. Together she and the nurse tramped back that seven miles, and the only professional assistance available within fifty miles was rendered to that



LARGER TYPE OF OUTPOST



OUTPOST ON WHEELS

young mother with perfectly satisfactory results, owing to the continued bravery of the young pioneer and the Red Cross nurse.

Many of the better world conditions which it was confidently hoped by millions would follow the great war, have not materialized, but at least one worthwhile result in Canada can be found in the Red Cross Outpost Hospitals. The Canadian Red Cross became a great and powerful humanitarian organization during the war. The war being over, such a society could not fold its hands and cease all activities, so it turned its attention to a peace-time health programme. A study of Canadian needs immediately focussed upon the total lack of hospital and nursing care in the great North country.

The first Red Cross Outpost Hospital was opened in Northern Saskatchewan in 1920. To-day forty-six such institutions are to be found as vitalizing centres in sparsely settled districts. These include a beautifully appointed hospital car. They range in accommodation from forty beds to two beds and are of two distinct types. First is the larger hos-

pital which serves a large in-patient population and where most of the work in the district is done. A district public health nurse, however, is being attached to more and more of this type of hospital. There are to-day fourteen of these large outposts operated by the Red Cross in Northern Ontario whose activities are confined almost entirely to direct hospital service. The other type is the small hospital taking in only emergency cases, and out from which the nurses go into the district to visit schools and to make home visits or attend patients in confinement or other illness. This latter type usually serves a very large scattered area with a small town as its centre. There are eleven of these in Ontario alone. Here the nurse, using the outpost as a working centre, gives a large portion of her time to public health work and nursing in the homes and schools of the surrounding district. The accompanying illustration shows "The Red Cross Outpost-on-Wheels", with a fully equipped ward, operating room and nurses' quarters, which is bringing much needed hospital, nursing and public health service to isolated Northern Ontario communities..

Red Cross hospitals last year served 5,614 in-patients with a total of 56,977 hospital days, 9,185 out-patients were treated at hospitals, 10,889 out-patients were treated in homes, 2,301 out-patients were treated in clinics, 2,347 operations were performed and there were 1,407 births in hospitals and homes, 479 schools were visited and 14,717 children inspected. A total of 42,706 individuals were attended during the year.

Exceedingly well qualified nurses are always available for this work and a close nursing and general supervision are given from the provincial head office, making for a high grade of efficiency. Practically all purchasing is done centrally which is

an important measure of economy. Complete control of the operation of these hospital units is vested in the provincial offices of the Red Cross. The local groups in the districts, where the outposts are operated, provide from other sources the cost of the buildings and equipment, and are responsible for their up-keep. Thus, there is a fine co-operative interest in the whole project. This is truly a chain system of operating small hospitals and is affording an opportunity to old established communities to assist new and scattered areas to provide facilities which add so much to their good health, safety and comfort.



SOME HIGHLIGHTS ON QUEBEC

E. FRANCES UPTON, Executive Secretary, Registrar, Official School Visitor for the Association of Registered Nurses of the Province of Quebec

The fifteenth annual meeting of the A.R.N.P.Q. was held on January 30 and 31, with an attendance of approximately eight hundred. The afternoon meetings were conducted in both languages, the first evening in French and the second in English. The Sisters met on the second day at the Hôtel-Dieu, the main theme being the development of departments of social service within their respective hospitals. The president, Miss C. V. Barrett, outlined the objectives of our national organization for the coming two-year period and the report of the Board of Examiners showed that 237 candidates had written the examination during the two sessions (spring and fall), and that 69 failed to pass. The Registrar's

report included the following statistics:

Total number of active members in good standing and therefore members of the Canadian Nurses Association: English members: 1,656; French members: 1,584, a total of 3,240, an increase of 192 over 1933. Total number of non-active members, all in good standing, but not members of the Canadian Nurses Association, unless they are active members in one of the other Provincial Associations: 1,096, an increase of 104 over 1933.

The foregoing statistics show several comparisons covering the past five-year period, and as these five years cover most of my term as registrar, I will endeavour to give a résumé of my impressions of the nursing situation during that time. It is a genuine pleasure to know that the nurses are beginning to realize that

our office stands for a great deal more than a place in which to deposit two dollars annually, and when speaking of that annual fee, one is struck with the wonderful way in which most of our members come forward each year, yes, and early too, to pay this registration renewal, knowing full well that if our organization is to function and develop, it must be sustained.

Scholarships

Since the year 1921, scholarships have been awarded annually, the total number in that time (four of which were awarded in 1933), being twenty-eight. The Board of Management deemed it necessary during 1934 to withhold awards as funds would not permit.

Opportunities for Learning

Never in our history have the opportunities for learning been so attractive and accessible as they are in our province today. Our nursing magazines are teeming with interest and information, books and reprints of outstanding articles are procurable for the asking, and even though one cannot always afford to purchase them, they are at our disposal if we will only take the trouble to look them up.

Opportunities for Service

The community is calling for workers of all descriptions: nurses, dietitians, social case workers, nutritionists, physiotherapists, mental hygienists and laboratory technicians, and nurses can fill every one of these rôles, providing of course they secure the necessary specialized education. In my position, I am naturally called upon to listen to complaints from all sources, yes and confidences too; these I have shared with the public, the doctors and the nurses, and I would venture, as a result, to offer the following suggestions:

That we endeavour to apply the Golden Rule in our daily lives and to render our best service at all times thus safeguarding the reputation of our profession and preventing

commercialization of the art of nursing.

That until all our nurses speak both languages, two central nursing bureaux are needed to provide nursing service in our province. At present registries are operating all over the place and calls are coming into my office, day and night. The general public does not know where to apply for nursing service.

Nurses must know what is going on around them; it is said of us that we talk of nothing but "shop." Some of our private duty nurses are accused of arriving on duty without either tools or equipment with which to perform their duties. During the past few years I have heard nurses say "Public health work! You can learn all there is to know about that in a couple of hours"; my inclination is to reply by saying, "Step aside folks, you're blocking the traffic. Can't you see that by such an attitude you tend to rob our profession of its rightful leadership in community welfare."

Our King has honoured many nurses, and through them our profession as a whole, for the conspicuous service they have rendered to Canada. Quebec province produced four of these nurses and trained three of them, and it behooves Quebec nurses, as representing the eldest daughter in the Canadian family, to point the way out of the depression, or our sisters in the West will put us to shame.

Report of School Visitor

My report as School Visitor presents a résumé of statistics gleaned from a survey of 69 hospitals, 32 of which have been visited during the year; fifteen of these have been opened during the past five years and their total estimated bed capacity is 19,905. The following statement summarizes some interesting points: there are now 34 approved schools in the province of Quebec; in 1933 there were 36, of which two have been closed; in 1933 there were 1,694 students in the various schools; in 1934 there were 1,614, a reduction of 80. In 1933 there were five unapproved schools, having a total student body of 29; in 1934 there were four, with a total student body of 22. Three schools have been suspended and are no longer admitting students.

Last year I recorded the existence of adequate teaching facilities in all our approved schools; this year we note an

increase in the number of specially qualified teachers and supervisors. Staff conferences and education are being featured in several schools and an increasing interest in the rôle of the head nurse as a teacher is being demonstrated. We continue to hear that head nurses have no time to teach, and to a certain extent there is truth in this statement as the following story will reveal. In one of our schools we found a head nurse in charge of an exceedingly busy ward of fifty-two patients who, being keenly interested in the problem, decided to keep an exact record of every minute of one of her days on duty, and upon summing up was surprised with the results:

Spent with doctors	34.5%
Spent in ward administration	21.7%
Spent in nursing supervision	21.1%
Spent with patients	20.8%
Spent with visitors	1.3%
Spent in actual teaching of students6%

Affiliations

While all our schools have arranged affiliations with special hospitals for experience and teaching in obstetrics, pediatrics and communicable diseases whenever these services are not provided in the home school, it is to be regretted that all their students do not share the advantages accruing from such experience. Many are graduating without adequate instruction in the care of sick children and few know much, if anything, about the normal child. The value of a course in nursing in communicable diseases is not sufficiently understood nor appreciated by the average graduate and student, and it is to be hoped that the day is not far distant when the award of a diploma in nursing will demand this special preparation. We reported last year our first development in affiliations with public health organizations for student nurses and are pleased that although we move slowly, we move surely along these lines. We are particularly indebted in this respect to the Provincial Department of Health, the Montreal Department of

Health, the Victorian Order of Nurses, and the Metropolitan Life Insurance Company.

Hours of Duty

I cannot close my report without making reference to the beauty and comfort of our new hospitals, they make we wish to turn the clock back, and begin all over again. These new features, together with the ever-increasing consciousness on the part of our hospital administrators with regard to their responsibility concerning the health and welfare of the students, should tend to reduce considerably, if not eliminate, major illnesses among students. The value from the health standpoint alone, of shortening the hours of duty is being given increasing consideration, the following institutions having established an eight-hour day for graduate nurses: Grace Dart Home Hospital, Montreal; Jeffery Hale's Hospital, Quebec; Joyce Memorial Hospital, Shawinigan Falls; Western Division, The Montreal General Hospital; Hôpital du Christ-Roi, Nicolet.

Our Speakers

The speakers at our annual meeting included: Rév. Soeur Marie Gérin-Lajoie, B.A., Founder and Supérieure, Institut de Notre Dame du Bon Conseil, whose subject was "The rôle of the nurse in the field of social service"; Mademoiselle A. Lépine, who gave us "A bird's eye view of private duty nursing service in Canada"; Miss C. V. Barrett, President, A.R.N.P.Q., who vividly described "The highlights of the Silver Jubilee Meeting of the C.N.A." Miss F. M. Dewey who discussed "The eight-hour day"; Mademoiselle G. Brossard, Registraire de l'Association Jeanne Mance, who chose as her topic, "The private duty nurse"; Dr. G. N. Paterson-Smyth, psychiatrist to the Protestant Board of Schools, Montreal, who gave an excellent address on "The Problem Child", and Dr. G. L. de Bellefeuille, chief physician, Hôpital St-Jean-de-Dieu, who gave us his interest-

ing "Reflections on the education of the backward child." Miss M. Lindeburgh, B.Sc., chairman of the National Curriculum Committee, outlined "Some objectives in curriculum construction", and Révérende Soeur Allard, hospitalière en chef, Hôtel-Dieu de St-Joseph and a member of the National Curriculum Committee, spoke on the same subject in French. At the evening meeting, Dr. Frank Pedley, Executive Director, Montreal Council of Social Agencies, gave a thought-provoking address.

Our Officers

The Board of Management for the coming year is as follows: President: Miss C. V. Barrett (re-elected); vice-president (French), Rév. Soeur Allard (re-elected); vice-president (English), Miss M. L. Moag (re-elected); honorary secretary, Miss C. M. Ferguson; honorary-treasurer, Miss M. E. Nash (re-elected); other members: Miss M. K. Holt, Miss E. M. Beith, Miss M. Lindeburgh, Mademoiselle A. Marchessault, and Miss E. C. Flanagan.

BRITAIN SHOWS THE WAY

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association

It is with interest that we read in *The Times* of January 12, a letter addressed to the citizens of London outlining the objectives of the Foundation and appealing for public support. It is signed by the Duchess of Devonshire, president of the National Florence Nightingale Memorial; Dame Alicia Lloyd-Still, president of the Florence Nightingale International Foundation; Mrs. Bedford Fenwick, president of the National Council of Nurses of Great Britain, and Sir Arthur Stanley, chairman of the executive committee of the National (British) Florence Nightingale Memorial. The letter describes the courses given at Bedford College and refers to the benefits obtained by countries from which the students come. Speaking of the universal indebtedness to Miss Nightingale, it goes on to say "there is no human soul in any country for whom life has not been made more tolerable by her enlightening vision and her long life of unremitting toil."

There is also a leading article in the same issue entitled "A Florence Nightingale Memorial" in which the writer says: "Thus the English tradition in nursing, which is the Florence Nightingale tradition, since she created and established it, is being extended over the whole world. No memorial to Miss Nightingale of a kind more agreeable to her spirit or her hope can be conceived. She gave the world, through the medium of her country and of its capital city, an inestimable boon. It was ever her desire that the boon might be shared by all nations and peoples."

It is interesting to find that the British

nurses, graduate and undergraduate, who have given so generously are now making it possible for the citizens of London to participate. We in Canada must remember that we certainly cannot make any public appeal until we have demonstrated our own desire to give. We feel, however, that generous Canadian citizens would like to be included. Now that the majority of our provincial and local associations have had their annual meetings it is hoped that the 1935 contributions will be sent in to the treasurer. Every organization, whether graduate or student, is asked to show its interest by sending in a donation, be it ever so small.

Further contributions to the fund are hereby acknowledged:

Alberta

A.A., Royal Alexandra Hospital, Edmonton	\$10.15
Overseas Nursing Sisters Association, Calgary	5.15

British Columbia

Victoria Graduate Nurses Association	10.15
Nelson Graduate Nurses Association	10.00
Sisters of St. Ann, St. Mary's Hos- pital, Dawson	1.00

New Brunswick

Saint John General Hospital, Saint John (staff nurses)	11.20
Saint John General Hospital, Saint John (student nurses)	10.00
The J. H. Dunn Hospital, Bathurst (student nurses)	10.00
Saint John Tuberculosis Hospital, East Saint John (staff nurses) ...	8.75

Victoria Public Hospital, Fredericton (student nurses)	8.37	Fisher Memorial Hospital, Woodstock (staff and students)	2.00
Chipman Memorial Hospital, St. Stephen (staff and students)	7.00	<i>Ontario</i>	
The J. H. Dunn Hospital, Bathurst (staff nurses)	5.00	Florence Nightingale Club, Brantford (4-year donation)	8.00
Victoria Public Hospital, Frederic- ton (staff nurses)	3.00	Florence Nightingale Club, Renfrew	5.00
Soldiers' Memorial Hospital, Camp- bellton (staff and students)	2.00	<i>Quebec</i>	
		St. Justine Nurses Association, Mont- real	20.00

BRANTFORD HOSPITAL JUBILEE

What is now known as the Brantford General Hospital originated in 1885 in a gift of buildings and seven acres of land to the City of Brantford by John H. Stratford. The hospital was called the John H. Stratford Hospital until the year 1912 when, by legislative enactment, the name was changed to the Brantford General Hospital. In the year 1886 the training school was organized and the first student was enrolled. The hospital has steadily developed in size and in efficiency and the school of nursing has grown with it. The following nurses have successively rendered admirable service as superintendents of the hospital and principals of the school of nursing: Miss Har-

riet Goldie, Miss Mary Graham, Miss Helen G. Tolmie, Miss M. M. Carson, Miss Marion Forde. Miss E. M. McKee is now responsible for this dual task. The anniversary celebration will take place on May 31 and June 1 when a re-union is planned which will include graduate nurses, internes, and other hospital personnel, as well as citizens who have contributed to the success of the institution. The committee in charge of arrangements would be glad to receive the names and addresses of those nurses who are not members of the Alumnae Association, or who are not in touch with the hospital. Letters should be addressed to Miss E. M. McKee at the hospital.



The Original Building - Brantford General Hospital-1885

THE EDITOR'S DESK

For the Queen

By the gracious permission of Her Majesty the Queen, the Canadian Nurses Association has been accorded the privilege of offering her a specially bound copy of the Programme of the Pageant which was such an outstanding feature of the celebration of the Silver Jubilee of our national association. This was prepared by the firm of Birks, Ellis and Ryrie, of Toronto, and is done in blue leather of an attractive shade and fine quality, lined with watered silk to match. The crest of the association appears on the front cover in gold. The accompanying letter, addressed to Her Majesty, reads as follows:

The small memento which accompanies this letter is offered by the Canadian Nurses Association as a remembrance of the occasion of the Silver Jubilee of the Founding of the Organization, celebrated in Toronto in June of last year. It is our desire that it should convey the appreciation of the nursing profession in Canada of the sustained interest which Your Majesty has manifested in nursing throughout the years.

This letter was signed by Miss Florence H. M. Emory who, at the time when the Pageant took place, was the president of the Canadian Nurses Association.

The Touchstone

We listened the other day to one of those interminable discussions about the respective merits of social workers and nurses. A lay woman who was present took advantage of a momentary pause to say: "Nurses may not have much initiative nor be particularly resourceful but you can depend on them to take responsibility." This remark did not quite please either side and the friendly antagonists retired in good order to think it over. Somehow, in our ears at least, it rang true and even inspired in us a sneaking pride. Something does come about as a result of that three years of disciplined effort which makes it worthwhile. As so often

happens, a day or two later we happened upon a quotation from a letter written by Rudyard Kipling which seems to come in rather pat:

The biggest man in every way I ever knew, never said or hinted under any conditions whether he was hot or cold or full or empty or sick or sorry. That's character, and I think it gives the highest form of courage. *But the very rarest, the courage that takes responsibility, seems to need antecedent training on top of natural gift.*

This, when you come to think of it, explains just why that awful night duty on Ward D was good for your young inside. However it wouldn't do any harm to develop a little initiative and resourcefulness as well. It comes in handy in dealing with social situations—and social workers.

Reader's Guide

This month, Dr. Trenholme L. Fisher begins a series of articles entitled "Some new therapeutic agents" in which a clear picture is given of the action of certain remedial agents together with some danger signals associated with their use. Instructors will find this series extremely valuable and it should also be carefully read by private duty nurses. It is said that nurses do not know how to manage normal children. Dr. N. Barrie Coward, in his article on "The nervous child" shows us how to achieve that sympathetic understanding upon which intelligent management is based. Last month the chairman of the public health nursing section of the Canadian Nurses Association outlined the objectives of that group for the coming two-year period. This month Miss Marion Lindeburgh, chairman of the nursing education section, renders a similar service. In her dual capacity as chairman of the section and of the national committee on curriculum, Miss Lindeburgh is particularly well qualified to chart our educational voyage of discovery. Before very long a new

crop of nurses will be added to the existing surplus. Since many of them will have no other choice than to try to make a living in the private duty field it is regrettable that our present system of education does not effectively prepare them for it. Miss Mary Lamb, herself a young private duty nurse, gives some commonsense advice under the caption of "Your first case" which should be handed on to every graduating class in the country. Our provincial registrars and school visitors are doing exceedingly valuable work, the effects of which are more far-reaching than many of us realize. In

"Some highlights on Quebec" Miss E. Frances Upton gives us an authentic picture of what is going on in one of our oldest provinces and amply demonstrates that an official report need not be dull reading. Dr. Routley, director of the Ontario Division of the Red Cross Society, gives a fascinating glimpse of the outpost hospitals; this article is the second in a series describing various nursing activities of the Red Cross Society. We also point with pride to our correspondence page in which we transport you from Baffin Land to India in a twinkling of an eye.

MANITOBA ANNUAL MEETING

The recommendation that schools of nursing should not be allowed in any hospital not complying with the minimum requirements of the province of Manitoba, and a feeling that present requirements are too low, were expressed in the report of the joint study committee of the Manitoba Association of Registered Nurses at its annual meeting. The committee suggested that: general duty nurses should be employed in hospitals to give bedside nursing service at a definite ratio to the student nurses enrolled. It was further recommended that schools of nursing in mental hospitals and sanatoria be discontinued. The report of the secretary, Mrs. S. G. Kerr, showed a busy year. The association sponsored a maternal care institute, at the request of the Victorian Order of Nurses, and 24 nurses availed themselves of this course. For relief work among school children in rural Manitoba, \$100.00 was given, and \$75 was given towards the support of native nurses in the Zenana Mission Hospital in India. Miss K. McCallum, reporting for the directory committee, showed 12,586 miscellaneous calls received, 4,132 employment calls filled, and 919 interviews. Through the interchange committee between large and small hospitals, 39 nurses benefited from the postgraduate courses. Other reports were: nursing education, by Miss G. Thompson; public health, by Miss C. Maddin; private duty, Miss McCallum; membership, Miss W. Bride, sick visiting committee, Miss L. N. Gray; social, Miss Stella Pollexfen.

Reports on the Local Council of Women, the Central Council of Social Agencies, the Victorian Order of Nurses, Junior Red Cross, Red Cross enrollment and Zenana mission were given by the respective representatives, Mrs. W. Hill, Miss F. Robertson, Miss E. Russell, Miss E. Parker, Mrs. J. F. Morrison and Miss A. M. Campbell. Miss S. Wright, in the president's report, reviewed the year which she said has been a difficult one, leaving many problems still unsettled. The officers, chairmen and members of committees elected to serve during the coming year are as follows: President, Miss Elsie Wilson; first vice-president, Miss S. Wright; second vice-president, Miss E. Parker; third vice-president, Sister Mary Charles; Board members are: Miss C. MacLeod, Brandon; Miss G. Johnston, Neepawa; Miss H. Tregear, Carman; Miss J. Houston, Ninette; Miss E. Fraser, Sister Krause, Miss K. W. Ellis and Miss E. Robertson; public health convener, Miss C. Maddin; private duty, Miss Pearl Brownell; nursing education, Miss G. Thompson; directory, Miss K. McCallum; social, Miss S. J. Robertson; sick visiting, Miss L. Kelly; press and publication, Miss E. Banks; membership, Miss H. S. Steadman; Local Council representatives, Mrs. G. McFetridge and Miss M. Black; Central Council of Social Agencies, Misses F. Robertson, Josie McDonald and Mrs. Wesley Thomas; Victorian Order, Miss Elizabeth Russell; Junior Red Cross, Miss R. Dickie; Red Cross enrollment, Miss N. O'Shaughnessy.

Correspondence

From Baffin Land

Through the courtesy of a personal friend of Miss Prue Hockin we are permitted to publish these interesting extracts from her letters. Miss Hockin is nurse-in-charge of the Anglican Mission Hospital at Pangnirtung, Baffin Land. The white population is composed of a physician, the missionary and his wife, the hospital housekeeper, members of the Royal Northwest Mounted Police and officials of the Hudson Bay Company. Mail is received and sent out once a year by the steamer which brings in supplies. Miss Hockin is a graduate of the School of Nursing of the Children's Hospital of Winnipeg; she has "signed up" for a period of five years and two more years must elapse before she comes home on furlough.—*Editor*.

Although we have no actually dark days, from about the middle of November to the middle of February the sun does not rise high enough to shine down into the valley, though we see it shining on the hills opposite. Early in May we start getting twenty-four hours of sunlight and this continues until the end of July. However the ice does not go from the fjord until the end of June. Only on very dull winter days do we need a light for dinner. It isn't so terribly cold, not more than about 48° below zero. This is the place the wind is made and when it blows it moves everything movable, including the snow. The hospital is quite warm, except the floor. In very cold weather we have to wear our fur boots in the house, and of course we wear our woollies. I've only worn my fur kooletang a few times, my woollen one, which is made of duffle (just like a blanket), has been enough. These garments look just like a big middy with a hood on it. A second one, made of tent canvas is often worn over the woollen one as a wind break, then in spring it is one's spring coat. My spring one is trimmed with green and blue braid and my duffle one has bead work around the bottom and wolverine fur round the hood and cuffs. We have gauntlet mitts made of caribou; they are the hugest things you ever saw. Our boots have caribou legs and bearded seal soles (nothing on earth smells just like bearded seal), and the soles are like moccasins with the fur legs all in one piece and a drawstring round the top, just below the knee. Inside these we wear caribou socks just above the ankle, fur side in.

On one occasion the doctor in charge of our hospital went out with his native to the mouth of the fjord to fish for sharks through

a crack in the ice, so we went too. It was a lovely sunny day, no wind and the thermometer just above zero. Arrived at the crack we put up a small tent and made tea on a primus stove, and had biscuits, frozen butter and cheese. We then proceeded along the crack with the doctor. We let down sixty fathoms of line but did not catch a shark. When we returned to our tent we found four other teams there, native families returning from their winter camps with their furs and household goods aboard. We all came back together and it was surely good fun. Another time we were gone all day on a sealing trip. The seal nets are about fifty feet long and twenty feet wide and have meshes big enough for a seal to get his flipper through; sometimes he manages to get his head through too. Two corners at one side are weighted so that the net hangs straight up and down in the water while the top is floated with corks. One end is anchored securely to the reef. We enjoyed the trips and thought nothing of coming back with a boat load of seals, and usually an "oojuck", which is the big bearded seal; they weigh from 800 to 1,000 pounds and are much more "fragrant" than the others. While going from net to net we watched for seals and some times they were all around us. They just stick their heads up, look around and then down they go, except when they come right up and turn a flip. One day we chased an "oojuck" for over an hour but he got away. If these seals are killed with the first shot they sink and are lost so they have to be only wounded until one can get the boat close enough to harpoon them.

The people all come in to assist with the whale drive and it is a wonderful sight to see the tiny skin tents spring up over night. Very often our population increases over night from 50 to 450, and the dog population increases in proportion too. The drive is for white whales and is made at the head of the gulf where the tide rises nearly five miles. The men go off with their sail boats towed by the Hudson Bay Company and the police motor boats. The women stay here. When the hides come in, the women work cutting the fat off the hides and cutting it up to go through the machine that turns it into oil. The hides are also sent out. The meat is cached for winter dog feed. They got 400 whales this year. We had a busy time suturing cut fingers and attending the women who had fainting fits during the time they worked. Nearly all our patients begin by having a real good sleep. Of course during

the summer they are up most of the time. Children play outside any time until 6 a.m. and then sleep late in the morning unless there is any excitement to keep them awake. The babies are fat, good natured things but it is rather a shock when one offers to take a nice looking baby all dressed up in its party clothes to find that it has no "diddy nor nothing." Most of the babies wear a sweater or skirt made of flannel, a caribou skin coat which covers their body, a caribou bonnet and boots up to their knees. The women have full backs on their kooletangs to carry the baby in and a tight waist line so that they won't fall through. When they turn their hoods up the babies are out of sight. All the women over ten years of age have their kooletangs made this way whether there is any prospect of them having anything to carry or not. It always amuses me to see the women bend over and shake the babies out of their kooletangs, yet they never drop them.

And From India

The October number of *The Canadian Nurse* has just reached me and at the moment I was free of pressing duty and in a mood to appreciate fully the very fine oration by Dean Ira MacKay on "The Care of Life", I found myself very much in accord with his thought on the nature of the life that is the object of our care—an "intimate and personal" life. Perhaps you know a quotation from William James?

"As for me, my bed is made. I am against bigness and greatness in all their forms, and with the invisible molecular moral forces that work from individual to individual, stealing in through the crannies of the world like so many

soft rootlets, or like the capillary oozing of water, and yet rending the hardest monuments of man's pride if you give them time. I am against all big organizations as such, national ones first and foremost; against all big successes and big results; and in favour of the eternal forces of truth, which always work in the individual and immediately unsuccessful way, underdogs always, till history comes, after they are long dead, and puts them on the top."

I liked the wonderful reverence Dean MacKay shows in his description of the skin with its sense of touch—the handclasp—with the meeting of souls realized. And now the teacher has gone on into that eternity of which he spoke. I have been helped by this echo from the Biennial Meeting, and from the Great Beyond—"He being dead yet speaketh."

We now have a Nurses' Auxiliary of the Christian Medical Association of India as well as the Trained Nurses Association of India (the latter in affiliation with the International Council of Nurses). Our group here has just given a contribution to the India Committee of the Florence Nightingale Memorial Foundation. So in our small way we are linked up with this world-wide movement to honour our Founder, and no doubt we shall realize the value of our sharing in this effort to promote the highest ideals of nursing education. I enjoyed getting further news of the Memorial in *The Canadian Nurse*, and seeing Queen Mary's message, which I shall pass on to my nurses.

MARGARET COLTART, U.C.C., Mission,
Banswara, S. Rajputana, India.



Department of Nursing Education

NURSING EDUCATION IN CANADA

MARION LINDEBURGH, Chairman of the Nursing Education Section of the Canadian Nurses Association

At the last Biennial Meeting of the Canadian Nurses Association many professional projects were discussed, some of which were referred to the Nursing Education Section as its specific task. These, together with others, have been considered in the organization of a programme of activity for the Nursing Education Section for the next two-year period and the proposed outline was sent to all Provincial Section Conveners last autumn. The four most important pieces of work which require the attention of the section are as follows:

1. The preparation of a curriculum for schools of nursing in Canada.
2. The interpretation of eligibility for membership in the Nursing Education Section.
3. The organization of a committee on instruction.
4. Publicity concerning the activities of the section in the official organ of the Canadian Nurses Association, *The Canadian Nurse*.

The Curriculum

The nursing profession in Canada is faced with two major problems. The first is that of undergraduate nursing education, the administrative, financial and teaching aspects of which have been dealt with in the Survey of Nursing Education in Canada. The second problem is that of community nursing service—that is the whole question of what a nurse should and can do in a community welfare programme, and here we include the functions of the private nurse in the home. From actual observation and investigation, it is evident that the type of education which the student now receives in the hospital school of nursing is not providing all the teaching or necessary experience to fit her for the general practice of nursing. In other words, nursing

education in Canada is lagging behind and is failing to meet the growing demands of home and community nursing service.

We see therefore an integral relationship between these two major problems; the one conditions and reflects the other, and it is this interdependent relationship between nursing education and community nursing service which makes the problem of undergraduate nursing education a national concern. Although the Curriculum Committee is organized under the Nursing Education Section, all sections have taken part in its work and it will be recalled that, at the Biennial Meeting, the report of the curriculum project was presented at an open meeting at which the members of all three national sections were present. In accordance with the recognized principle that any professional curriculum should reflect the best thinking of that profession, two studies have been distributed and the response from all provinces has been good. This Dominion-wide participation will assist the Curriculum Committee in answering three important questions which arise in the process of curriculum construction:

1. What are the functions of a nurse in a modern community, and what is her relationship to other workers, who are also serving the public?
2. What should be included in the curriculum in theory and practice to qualify the nurse to fulfil these functions effectively?
3. How should the necessary experience be organized, what methods are to be employed, and how long will it take to secure the best results?

This preliminary survey stage is now over, and the committee has formulated

its policy for the next two-year period. Provincial sub-committees, as originally appointed, remain standing, for the purpose of consultation and criticism. Selected groups throughout the Dominion have been appointed to work in conjunction with the central Curriculum Committee, and it is hoped that the first draft of the curriculum may be completed before the Biennial Meeting in Vancouver, in 1936.

Eligibility for Membership

That nursing education is the interest and responsibility of all three sections of the Canadian Nurses Association has been definitely proven by the active participation of all sections in the national Curriculum project. The special committee of the Canadian Nurses Association on the co-ordination of nursing education interests, which was appointed in 1932, presented its report at the Biennial Meeting in 1934 at which time a national committee on education with representation from all three sections was proposed. However, it was finally decided that there should first be a clearer understanding of the qualifications for membership in the Nursing Education Section, and that the membership clause in its constitution should be clarified.

Committee on Instruction

The following resolution was adopted at the last Biennial Meeting: "That a committee be formed within the Nursing Education Section to be known as the Committee on Instruction, for the purpose of securing closer contacts and for the consideration of specific problems." This resolution was the result of a request from a group of instructors who felt the need of some organization which would assist in solving some of the specific problems of teaching. It was decided that membership in this committee be limited to those actively engaged in

teaching, whether in schools of nursing, public health agencies or any other educational organization.

Acting upon this resolution, a national convener has already been chosen in the person of Miss Gladys Sharpe, instructor in the School of Nursing of the Toronto Western Hospital; a member, actively engaged in teaching, from each provincial nursing education section has been appointed to act with the national convener in order to get this project under way. The method of approach is as follows:

1. This co-ordinating committee will secure the opinion of provincial groups as to the need for, and the possibility of, organization of such an activity, and invite suggestions as to a programme.
2. The co-ordinating committee will then formulate objectives and submit an outline of suggested activities to all provincial conveners for their guidance.
3. All provincial conveners will still submit a report of their activities and accomplishments to the national convener in order that she may prepare her report and submit it to the chairman of the Nursing Education Section preparatory to the Biennial Meeting in 1936.

Publicity

It is desirable that the objectives and policies of the section be made known through the medium of the Department of Nursing Education in *The Canadian Nurse*. This can best be accomplished if the chairman and national convener of publications for the section work in close co-operation. Therefore, as the chairmen and secretary of the section both reside in the same city, it has been approved by the Executive Committee of the Canadian Nurses Association that the latter act as convener of publications. The attention of provincial section conveners has been drawn to this fact and their co-operation and support has been solicited in securing suitable material for publication in the *Journal*.

Department of Public Health Nursing

THE NERVOUS CHILD

N. BARRIE COWARD, M.D., Halifax, N.S.

The hue and cry in medicine today is to stress the importance of preventive medicine which in the broad sense of the word includes the mental as well as the physical well-being of the human race. It is just as important to provide a suitable mental environment as it is to provide proper physical environment. More and more must the medical and nursing professions busy themselves in the nurseries and schools of our homes, towns and cities. Here there are influences at play which mould the mentality of all children and shape their conduct, especially that of the so-called nervous child, who reacts with extreme susceptibility to these influences.

Many mothers and nurses—I include nurses in this category because in many cases they have the actual looking-after and handling of the child to do—are so concerned with physical growth that they do not appreciate the simultaneous mental growth of the child, or inquire after its welfare. It is this mental growth which distinguishes the infancy of man from that of other animals; it is the careful handling and training of this "little mind" that gives us the satisfaction of a well-behaved, good tempered, happy, normal child or the mortification and embarrassment of a spoilt and misbehaved child. It is this which makes rearing of children a pleasure and pride, as it should be, instead of a constant series of worries and fears. To forget this "little mind" is to court failure, as the conduct of the child is the criterion of the mother's success. If you do forget it, even though you may have airy nurseries, gardens, visits to the sea-side, and every advantage

that money can buy, you cannot achieve success if the child's mind is not at rest, if his sleep is broken, if food is habitually refused or vomited, or if leaving him alone for a moment provokes a fit of passionate crying.

A Delicate Instrument

The unstable mind of the child is so sensitive that cerebral fatigue and irritability are produced by causes which seems to us extraordinarily trivial. Let us remember, too, the large part heredity plays when we direct our criticism to mothers on the rearing of their children. Not all children show problems resulting from nervous unrest. There is a great diversity in temperament and many are of such a placid nature that even gross faults in management leave little damage behind. It is invariably the child born with a sensitive nervous organization who is the most wayward, the most intractable and reacts most strikingly to trifling faults in management. These are the children who concern us most, not only on account of their liability to mental upsets, but because they are not cast in the ordinary mould, and have intellectual possibilities above the average, and greater potentialities for achievement and for good.

It is in the nurseries then, where the influences emanating from mothers, nurses and nursery maids of different temperaments take their hold on the young, and produce various reactions. It might seem that in the simple routine life of nursery-age children that there are no causes for unrest, or for nervous overstrain, and as a general rule, it is not here that the mischief is found. It is found in the personality of the mother or the nurse, her manner of talking, the tone of her voice, her actions and conduct

An address delivered at a refresher course for graduate nurses held under the auspices of the Halifax Chapter of the Registered Nurses Association of Nova Scotia.

towards the child. Yes, even in the thoughts which pass through her mind for, though unspoken, they are often divined by the marvellously intuitive mind of the child. Therefore, in attempting to analyze behaviour problems in children, it is important that we critically scrutinize our own behaviour to them and our own management of them.

How to Understand

We know that in every-day life business worries and household anxieties produce nervous unrest, and lead ultimately to a physical breakdown. In the same manner nervous unrest in the child prevents normal physical growth. A few indications of a mind not at rest are: broken and disturbed sleep, absence of appetite and persistent refusal of food, gastric pain and discomfort after meals, nervous vomiting, undue blushing, headache, irritability, excessive emotional display, and so on.

It is during the first two years of life that the brain grows fastest, but it is during the second and third year that the rapidity of the development of the mental processes are most apparent. Let me warn you, however, that difficult behaviour due to faulty management begins earlier, but the farther back we go the more difficult becomes the task of associating evident faulty behaviour and obvious nervous unrest with environmental influences. As a first step we will now examine what might be called four characteristic features of child psychology:

The imitateness of the child.

The suggestibility of the child.

His love of power.

His acute though limited reasoning powers.

Imitateness

This is the most evident during the second and third years of life, and the process is purely subconscious. The child is merely a mirror which reflects in every action and word what he sees going on around him. He imitates everything, and

most of all those who are in close association with him. The importance of this is marked in considering the speech of the child. How many mothers are put to shame and embarrassment in front of visitors because the child reflects the manner of speech used in the home? Mothers too often use a peremptory tone in addressing their children, and it is common to hear a nurse or a friend say to them: "Come here at once when I tell you", or "You do as I tell you." There is seldom a "please" or "thank you" used in addressing a child—yet we would like our children to speak properly and wonder why Sonny Boy, on coming in from his walk, orders his little sister around in such an ungentlemanly way. The child will only speak as it is spoken to, and if we are desirous of having pretty speech used by our children, then we must see that we, in our turn, speak politely, and use the same deferential inflection we would use in addressing an adult. Often a mother speaks to someone in front of her children concerning them and their behaviour and yet she is shocked because her son comes home and says "how naughty sister was" or some similar statement. It is upsetting to think that our boy is becoming a tattletale, but can we blame the boy? I assure you he is no hypocrite, but having heard his behaviour discussed in front of him, he is merely imitating his elders, using their choice of words and inflection of tone. A child's vocabulary is not his own—it is his parents' and his nurse's vocabulary that he uses.

Imitateness of action is concerned with child guidance. At the age of one to two years the child is passing through the grasping period. He grasps everything within his range and delights to impart motion to it. At first these endeavours are poorly co-ordinated, but soon he becomes adept in picking things up, fingering them, and replacing them again without mishap. Accidents will

happen at first, but the child looks upon these as failures, and so tries to overcome such clumsy movements. Suppression of this stage by persistent opposition leads to nervous unrest and irritability and merely prolongs it at the same time dampening the child's quickness, dexterity, and poise of body. It is a wise mother who helps her son by allowing him free play. These simple gestures soon pass on to more complex acts, such as helping to dress himself, set the table and so on. These are real things in which the child is profoundly interested. Let us get away from the idea that a child of tender age is content with imaginary things alone—he knows the difference between imaginary and real, and it is the latter which awakens his capabilities and makes him useful.

Suggestibility

This characteristic is closely allied to imitativeness; we might quite easily sum it up in a sentence: the child does without questioning that which he is confidently expected to do. Perhaps the two biggest problems which owe their origin to this quality are difficulties associated with appetite and sleep. Naturally enough, when additional foods are added to the growing infant's diet they evoke new sensations. Many foods are at first refused, not because the child does not actually like them (an erroneous belief held by many mothers), but because the sensation is strange and new to the child. When this occurs many mothers make the mistake of talking about Johnny not liking carrots, turnips or cabbage, in front of Johnny. How many times have we heard the old refrain: "I can't get him to eat, doctor." When this goes on day after day what else can we expect of Johnny? He does what is expected of him, and hears so frequently that he does not like this or that that he associates this fact with himself, that is as being a part of his own individuality, and consequent-

ly may never eat that fruit, meat, or vegetable as long as he lives.

The same principles hold true as regards going to sleep. How many times have we been in homes where the children start howling when they are sent to bed? Embarrassing to be sure. The stimulus for sleep in the adult is a suggestive one, coming from the mere fact of going to bed. In the young child this stimulus acts irregularly, and during one of these unfortunate times, the child not being sleepy has resented being sent to bed and tears have resulted. A natural process really, but what is made of it? Instead of ignoring the tears, the mother pets, soothes, and cajoles the child, at the same time conveying her apprehensions to him. She fears a repetition of these events, and naturally they recur, and as a result there is rooted in the child's mind the association of bed, or more properly sleep, as a place of tears and sobs. And so the nightly trouble is prolonged, and the more it is prolonged the more apprehensive and anxious the mother becomes, going to bed becomes more and more difficult. The child begins to realize his own power, and further behaviour problems result. The usual reason why only children or "after thought" children (where there is a long period between the child and the next oldest), and in the case of an only boy in a large family of girls, and vice versa, are often found in this category. They are afraid of certain animals, of falling, of getting wet, of going to bed alone, or sleeping in a room without a light. This is traceable to the injudicious suggestions communicated to the child's mind by an over-fond and over-anxious parent. These anxieties introduce fear into the child's mind, and sap his confidence. The child is not of himself afraid to do any of these things, but with the undermining of his confidence, that which is feared for the child he rapidly becomes.

(To be continued)

Department of Private Duty Nursing

YOUR FIRST CASE

MARY LAMB, Private Duty Nurse, Ottawa, Ont.

Not one of us needs to apologize for being a private duty nurse. We have our place in the community and an important one. The nurse on private duty is doing more than any other nurse to hinder or help the development of nursing service in her community. One poorly informed, ill qualified nurse does more harm in a week than dozens of nurses can repair in months. The private nurse is the only one who, like her patient, remains individual; she stands alone with that patient and battles single-handed. The physician prefers a well-informed nurse, patients' relatives are quick to judge, and the patient, our only excuse for existing, certainly desires the best. We must maintain the highest standards of our profession since it is our conduct which is so closely watched and severely criticized.

You will find private duty radically different to your training days. Now you will have complete charge of one patient instead of dividing your time among four or more and you will have all the work to do that has hitherto been divided among a number of nurses. Let us hope that your first few cases will be at the hospital until you are adjusted to your new work. But even in hospital certain regulations must be cheerfully obeyed. Be sure that you carry out all rules with respect to reporting in the training school office both when coming on a case and when leaving it. These rules differ in various institutions; it is your duty to learn them and comply with them cheerfully. Be very careful about orders and write those given by the attending physician on a slip and leave them in the order book. A nurse, upon

the intern's verbal order, once gave an enema to a very ill post-operative. The intern was so busy that he did not write the order. The next day the attending surgeon was furious at a treatment being given without orders. The case was cited to the students on the floor and during the course of the evening the night special heard about it. She spoke to the intern and the supervisor and the affair was cleared up. All this unpleasantness would have been avoided if the nurse had made certain that the order had been written.

A Thorny Question

The problem of collecting your fee is, unfortunately, in some cases acute. The rule of the registry is to present your account weekly. Some patients ask how you prefer to be paid—by the week or the case. Others ask you to place your bill with the weekly hospital bill. Before the patient leaves the hospital, leave your bill at the main office. This is given to the patient when he settles his account. The money is generally left in the office for you. Occasionally the patient will forward your cheque in full or the money may dribble in \$5.00 at a time. Once in a long while the patient changes his address or refuses to pay. Then a lawyer has to be engaged to collect the sum. Accounts rendered weekly prevent the misunderstanding of this kind: a nurse was on with a farmer's wife, a private patient, for four weeks. She judged from various remarks that they couldn't afford such expense, so when the patient commenced to convalesce, she suggested that the patient could do without a nurse. The patient said that she wanted the nurse to stay on. When the day came for the patient to depart, the husband arrived and paid the bills and told the

An address delivered before District 8, Registered Nurses Association of Ontario.

nurse that he had left her money at the office. She went for it, but not a cent was there for her. She returned and told the husband who said: "Oh, I did pay your bill—\$1.00 a day the hospital charged for your services." If the nurse had rendered her bill weekly there would not have been this misunderstanding. Eventually the nurse received her money but a number of cows had to be sold before it could be raised. If you think the patient can't afford to keep you, speak to the doctor before speaking to the patient. Some doctors are annoyed if you suggest to the patient that your services are no longer necessary.

In the Home

Private duty in the home is utterly different from the hospital. You may have everything to work with, or nothing at all. You have to adapt yourself to the household conditions, be resourceful and self-reliant. You have no supervisor, older nurse, or intern, to call upon, just your orders, text-book knowledge and experience to rely upon. When you are sent on a case the registrar or the doctor informs you of the name, address, and sometimes the diagnosis. If, for example, the illness is typhoid fever, take a few minutes to look up the disease in your text-book. The relatives will expect you to be a walking fountain of information on typhoid and methods of disinfection. When you arrive, telephone the doctor for orders; but these are not all you will receive. Advice and orders are generally given by everyone from the aged grandmother to the infant in arms. You may be looked over by a supercilious lady or by a youngster who, peering out from behind his mother's skirts says: "Gee, mom, is that the nurse?" You may change your clothes in a beautiful room, or a bathroom, or a clothes closet where there is hardly elbow room. On twenty-four hour duty you sometimes practically live in your suit case.

You will find that you can't work

according to routine, but keep the time for meals, treatments, and medicines as regular as possible. You will meet people who will not want to be bathed more than once a week. Two of our nurses were on with an elderly man who was seriously ill with pneumonia. He wouldn't permit them for days and days to change his linen or bathe him, or lie in any position except flat on his back or on one side. Oddly enough, he recovered. Some patients, generally very ill, prefer to lie in a double bed. No matter how you strain or tug you can't really do much for a seriously ill-patient so suggest a single bed, put on blocks for your convenience, or, if finances permit, a double Gatch bed can be rented for \$3.00 a week. One nurse was on with a very ill middle-aged woman who insisted on staying in her four-posted double bed with head curtains. She said that she had always slept in that bed, that all her children were born in that bed and that she wanted to die there—which she did.

Your meals will generally be served in the dining-room either with the family, or before, as the case permits, or on a tray in your or the patient's room. Occasionally you will enter a home where the mistress will tell you to have your meals in the kitchen or servants' hall. Just explain that if it is too much trouble to have your meals served in the dining-room that you would like a tray sent up to your room. Recently one of our nurses spent the day with a bereaved family. She was sent out to have dinner with the neighbours. She had an excellent dinner, seated with the family of nine, around the kitchen table. In an hotel you must change out of your uniform if you wish to go to the dining-room. Some patients prefer you to have meals in the room with them.

In a household where there is domestic help you will find that it pays to be kind and polite as around them, especially the

cook, the peace of the household rests. Tell the cook how tidy her kitchen is, praise her cooking, and ask for a few choice recipes, and she will think that you are a nursing angel and will do anything for you. If possible, wash all your dishes between meals. Dirty dishes in the sink apparently upset the most tranquil of souls.

Medicines have to be watched carefully and kept out of the reach of children and away from the family. In one instance a nurse was warned by the doctor to watch all medicines and to administer them herself as he thought something, or somebody, was retarding recovery. Often you will find that you have comparatively little to do. You may only administer a few pills daily, but your presence gives moral support to the patient and his relatives. In other cases you may be nurse-housemaid or nurse-lady's maid. Occasionally you must be hostess to your patient's visitors.

A Word of Warning

Male patients are always more or less of a problem. In the hospital there is the orderly, and you are never alone, as doctors and nurses are constantly popping in, and you can leave for the occasional chat with other nurses. In the home, with a very ill patient, it is different. Sometimes the men of the family help you. The mother or wife may assist but often you are left to manage alone. In hotels you may be twelve hours in one room with practically no one popping in or out, and when people are ill all barriers are down. It is natural that the patient should turn to you for sympathy. He probably will tell you how

misunderstood he is at home, what a dog's life his family has led him, or what a hen-pecked existence he has lived till he met you. But you must be from Missouri, believe nothing, and jokingly change the conversation to a less dangerous topic.

Smoking, or drinking alcoholic beverages should not be done while in uniform or on duty. If you should smoke just one cigarette on duty most likely, in a few weeks time, it will come back to you that you were never seen on that case without a cigarette in your mouth. If a patient told me once, she told me six times about a certain nurse who years ago asked for a bottle of stout each evening for her nerves. Topics such as previous cases, religion and politics, have to be handled with circumspection, and should be avoided altogether if possible. Patients may discuss their doctor. We must remember that a nurse's loyalty to the doctor is a great factor in his success. Most people have a great deal of small talk and if you keep abreast with the times you will find no difficulty in entertaining your patient.

A pleasing professional appearance gives assurance at first glance. Other essentials are tact, friendliness, courage, sound judgment, firmness and exactness in executing orders. She must possess skill in giving general care and making her patient comfortable, have ability to observe and report symptoms, be adept in handling people, possess good social and business habits, be open-minded, be capable of carrying on intelligent conversation, practice high professional standards, and through all difficulties, keep smiling.

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Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Membership

It is gratifying to be able to report from returns received by the Canadian Nurses Association since January 1, that there is an appreciable increase in the membership of the C.N.A. The percentage increase in the provincial registered nurses associations ranges from two per cent to seventy-one per cent, the latter percentage having been achieved by the Saskatchewan Registered Nurses Association. There are now 11,148 registered nurses in the Canadian Nurses Association, a peak record in membership.

Special Committees

The following information in regard to Special Committees of the Canadian Nurses Association supplements that published in *Notes from the National Office* in the January issue of the *Journal*:

1. National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association: Miss F. H. M. Emory has been appointed to replace Miss Jean E. Browne who wished to retire as a C.N.A. representative to this committee; since its organization, Miss Browne has served as secretary and, following her resignation, Miss N. D. Fidler, Ontario Hospital, Whitby, Ont., has been appointed to succeed her.

2. Dominion Registration Committee: Miss E. Amas appointed by the Saskatchewan Registered Nurses Association is now a member of this committee.

3. Study of Registries Committee: Miss Linton, appointed by the Saskatchewan Registered Nurses Association is now a member of this committee. Miss E. Johns is also a member.

Licensure

One of the resolutions adopted by the C.N.A. in June 1934, asked that each provincial association appoint a body to study and take action in reference to one

of the recommendations submitted by the National Joint Study Committee: "That all who nurse the sick for hire should be licensed and that licensing should be under provincial control." So far, the action taken in the various provinces and reported to the C.N.A. may be summarized as follows:

British Columbia: a committee has been appointed consisting of Miss H. Randal (convener), Misses M. P. Campbell and G. M. Fairley.

Manitoba: a committee has been appointed with Miss K. McCallum as convener.

New Brunswick: the recommendation has been referred to a special committee, appointed at the annual meeting in September, 1934, "to study a Central Registry for New Brunswick." Miss Agnes Carson is the convener and Misses M. McMullen, H. S. Dykeman, W. Dawson and Sister Veronica are also members.

Nova Scotia: is delaying action.

Ontario: has referred the recommendation to the Provincial Joint Study Committee.

Quebec: the nucleus of a committee has been appointed consisting of Misses E. Beith, C. M. Watling and E. F. Upton.

Saskatchewan: a committee has been appointed with Miss M. McRae as convener and Misses H. Gruhkle, A. Lawrie and K. Rowley as members.

The Annual Meeting of the Saskatchewan Registered Nurses Association is to be held in Saskatoon, April 25 and 26, 1935.

I.C.N. Proceedings

The Proceedings (in English) of the International Congress of Nurses, held in Paris in July 1933, are now ready. Orders should be sent directly to the President of the Association des Infirmières Diplômées de l'Etat Français, 6, rue Francois 1er, Paris. The report costs 25 French francs per copy.

Book Reviews

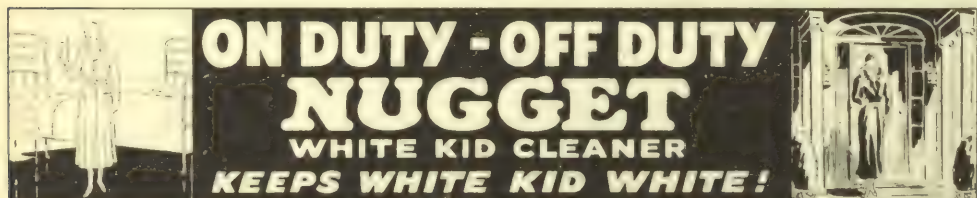
THE ART AND PRINCIPLES OF NURSING, by Amy E. Pope and Virna M. Young. Fifth edition, revised. 832 pages. Illustrated. Price \$3.00. G. P. Putnam's Sons, New York, 1934. Canadian Agents: McAinsh Ltd., 388 Yonge St., Toronto.

To this reviewer the very title carries a pleasant implication and one is glad that this volume which has served so well has been again revised. Unfortunately, however, this book has always stressed method rather than scientific principles thus reducing its value as a text book. Enough consideration has not been given to the patient as a person. Mental hygiene, the teaching of health habits, application of psychology and sociology are sadly lacking. The patient as a whole is not placed first. The arrangement of material has been improved and many curative, prophylactic, and diagnostic measures have been included. The portions dealing with diagnostic tests, oxygen therapy, radium and X-ray therapy and encephalograms are a valuable addition. The illustrations are excellent; the index is complete and the summaries, diagrams, italicized words and heavier print all tend to make the reference more usable. While not recommended as a text book it is a book of real value as a reference.—ADA M. HUBBELL.

THROUGH THE PATIENT'S EYES. Hospital-Doctors-Nurses. By Sister John Gabriel, R.N., A.B., Hospital consultant and educational director, Sisters of Charity of Providence; member of the Ethical Standards Committee for the American Nurses Association.

264 pages. Price \$2.00. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal.

The author of this admirable little volume is well known in Canada, especially in British Columbia where she has made a notable contribution to nursing. The book is characteristic of the woman who wrote it and its wisdom and kindness shed light on many a perplexing situation. Its simplicity has a charm of its own and its lightness of touch will bring its lesson home, especially to students who might be repelled by undue solemnity. A brief chapter is devoted to a discussion of the telephone system in hospitals. In many respects this is the most important contact with the general public which the hospital possesses; yet we all too frequently see it stupidly misused by incompetent persons. If Sister Gabriel's wise advice were taken to heart by hospital administrators and nurses, hospitals might be more popular with the community than they sometimes are. The picture of the state of mind of the patient and his friends at the time of his admission to hospital is so true and vivid that it ought to strike home even to the least imaginative. The problem of "what to tell the patient" is discussed with frankness and good sense; this chapter should be brought to the attention of the young pupil nurse who is often dismayed by what seems to her to be insincerity on the part of those set in authority over her. This book while entirely free from religious bias, does not ignore the spiritual life. Any nurse will be a better woman for having read it.



ON DUTY - OFF DUTY
NUGGET
WHITE KID CLEANER
KEEPS WHITE KID WHITE!

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: THE MISERICORDIA HOSPITAL: The nurses of the Misericordia Hospital entertained at a social evening for Reverend Sister St. Christian, the superintendent of nurses, in honour of the twenty-five precious years which she has spent in the convent. The student nurses took pleasure in putting on plays and musical numbers and following the programme, a beautiful address was read and the Silver Jubilarian was presented with gifts from the student nurses and friends. Among those present were Reverend Sister Superior, Sisters of the Misericordia Hospital, Monsignor Lyons, chaplain of the hospital, Reverend Mother Connolly, members of the medical staff, alumnae members, the nursing staff, student nurses and friends.

EDMONTON: An eight-hour duty system for private duty nurses has been organized and is being carried out successfully in the Royal Alexandra and the University Hospitals.

MEDICINE HAT: The Medicine Hat Graduate Nurses Association held a successful bridge on January 15 in order to augment their funds. The president of the association, Mrs. J. Keohane, received the guests, assisted by Miss Mary Murray, superintendent of the hospital.

MANITOBA

BRANDON: A meeting of the Brandon Graduate Nurses Association was held recently with the president, Miss E. McNally, in the chair. A splendid report of the annual meeting of the M.A.R.N. was given by Miss Marion Paterson. Mrs. Grant Pierson had charge of the programme which was sponsored by the married nurses group, and took the form of a debate, "Nursing today versus nursing of twenty years ago." Those taking part were Miss D. Muir and Miss V. Vance for the affirmative, and Miss Finlayson and Miss M. Gemmill for the negative. The judges, Miss C. Macleod, Miss E. Barr, Mrs. R. H. Fotheringham, and Miss E. Lyons gave their decision for the affirmative. A sing song brought the evening to a close.

NEW BRUNSWICK

SAINT JOHN: A meeting of the Saint John Chapter of N.B.A.R.N., was held on January 21, with a good attendance. The sum of \$20.00 was voted to the Florence Nightingale Memorial Fund. An interesting address was given by Dr. E. C. Menzies on "The similarity of sane and insane."

SAINT JOHN: A meeting of the Alumnae

Association of the Saint John General Hospital took place on February 4, when \$10.00 was voted for the Florence Nightingale Memorial Fund. A series of bridge parties are being held at the Saint John General Hospital, the proceeds to be used for a tennis court for the nurses-in-training. Miss Helen Cahill has been appointed supervisor of the children's ward at the East Saint John County Hospital, succeeding Miss Evelyn Black.

MARRIED: On December 22, 1934, Miss H. Roberta Robertson (Mt. Sinai Hospital, New York), to Mr. Wm. C. McGudde.

MARRIED: On January 19, 1935, Miss Ellen S. Trites (Saint John General Hospital, 1934), to Mr. Direk J. Walker.

SAINT JOHN: A meeting of St. Joseph's Hospital Alumnae Association took place recently when it was decided that members collect literature to be sent the Sudbury Relief Camp and that the second semester of the study club be continued. The officers of the association for the coming year are: president, Miss M. Carey; vice-president, Miss M. Sullivan; treasurer Miss M. Milan; secretary, Miss G. Nolan; executive committee, Mrs. J. L. Mullaly, Miss N. Callaghan, Miss E. Nash.

FREDERICTON: The regular meeting of the local Chapter of the N.B.A.R.N. was held on February 5, twenty-six members being in attendance. Our chapter voted the sum of ten dollars to the Florence Nightingale Memorial Foundation. At the conclusion of the business meeting we listened to an interesting lecture by Dr. A. F. Van Wart. Miss Vivian Pugh and Miss Dorothy Baxter (V.P.H., 1934), are now in Montreal taking a postgraduate course at the Shriners' Hospital. Miss Esther Ellis (V.P.H., 1933), who recently completed a postgraduate course at the Montreal Maternity Hospital, is now employed at the Protestant Hospital in Verdun, Que.

WOODSTOCK: The regular meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held on January 15, with Mrs. H. Dunbar presiding. Plans were made for a dance to be given under the auspices of the association. Readings were given by Mrs. Olmstead and Miss Samphier.

NOVA SCOTIA

HALIFAX: At the fall examinations for registration of nurses there were eighty-two successful candidates out of a total of one hundred and three.

HALIFAX: On January 28, the Halifax Branch of the R.N.A.N.S., held a bridge party at the Children's Hospital at which forty-three tables were in play. Miss E. Warner was convener of the committees in charge of arrangements. The Halifax Division of the V.O.N. held its annual meeting on January 31, when an instructive and amusing demonstration was staged by the Misses Cliff and Titus, entitled "Baby Jones has pneumonia." A vocal solo, entitled "The V.O.N." was rendered by Miss G. Billman. Miss E. Armstrong, until recently on the staff of the Halifax V.O.N., has been appointed to the staff of the Truro V.O.N.

SYDNEY: At a recent meeting of the Cape Breton and Victoria Branch of the R.N.A.N.S., the following officers were appointed for the year 1935: president, Miss K. McCarthy; vice-president, Miss M. Bates; treasurer, Miss E. Martin; secretary, Miss H. Boutilier. Over twenty members responded to roll call and the meeting was addressed by Dr. J. G. B. Lynch, of Sydney, on "A doctor's opinion of the nursing profession." At the annual meeting of the Pictou County Branch of the R.N.A.N.S., the following appointments were made for the coming year: president: Mrs. R. Emman; first vice-president, Miss J. Cooke; second vice-president, Miss A. Saunders; secretary, Miss E. Warner; treasurer, Miss H. Meikle.

ONTARIO

DISTRICT 1

CHATHAM: The annual meeting of District 1, R.N.A.O., was held recently with Miss Walker presiding. The invocation was delivered by the Rev. M. Scott Fulton and greetings were extended by His Worship Mayor Davis. An address entitled "The doctor looks at nursing" was given by Dr. G. H. R. Hamilton and Dr. D. J. Wilson of the University of Western Ontario spoke on "Mental aspects of health." Readings and musical selections were given by Miss T. Mosey and Mrs. S. A. Morse. It was decided to participate in a survey to determine the number of non-hospitalized sick requiring nursing service in Ontario. All physicians will be asked to furnish details regarding the number of patients under their care requiring nursing service. The election of officers resulted as follows: chairman, Miss M. Walker; vice-chairman, Miss M. Hoy; secretary-treasurer, Miss Schurter; convener of the nurse education committee, Miss D. Thomas; convener of private duty committee: Miss M. Baker; convener of public health committee, Miss M. Chambers; permanent education

fund, Mrs. Hedley Smith; representative to *The Canadian Nurse*, Miss E. J. Kennedy; convener of membership committee, Miss G. Versey; councillors: Misses R. Rhonatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin and Mrs. Malone. The visiting nurses were entertained at a luncheon given under the joint auspices of the Alumnae Associations of St. Joseph's Hospital and the Public General Hospital.

LONDON: The Ontario Hospital Alumnae Association recently held a dance, the proceeds of which go to the Florence Nightingale Memorial Fund. Misses L. Murphy and L. Kelly were hostesses; Miss N. Williams presided.

ST. THOMAS: Commemorating the tenth anniversary of the School of Nursing of the St. Thomas Memorial Hospital, the Alumnae Association recently held a most successful reunion. About one hundred and eighty were in attendance, including graduates from many distant points representing all classes of the past two years as well as the graduates of Amasa Wood Hospital, the predecessor of the Memorial Hospital. Members of the graduating class of 1934 who had received their diplomas at the graduation ceremonies in the afternoon were also present. Among the guests were: Premier and Mrs. Hepburn, Dr. A. J. Faulkner, Provincial Minister of Health, members of the Board of Governors and the medical staff. The guests were received by Miss Lucille Armstrong, superintendent of the hospital, Miss M. Grant, Miss H. Hastings, and Miss B. Mitchener, president of the Alumnae Association. Especially interesting were the speeches given by the Premier and by Dr. A. J. Faulkner. Dr. J. D. Curtis also gave a brief historical survey of the development of the medical profession. The Alumnae Association presented Miss Lucille Armstrong with a bouquet and a gift to show their appreciation of her fine loyalty and leadership as superintendent of the hospital and as honorary president of the Alumnae Association.

DISTRICTS 2 AND 3

BRANTFORD: A meeting of the Alumnae Association of the Brantford General Hospital was held on February 5, when Mr. E. T. Sterne, consulting engineer, was the guest speaker. Mr. Sterne chose as his topic "Little things that count." Miss T. Dawson was elected president of the Florence Nightingale Association at its annual meeting. Other officers elected for the ensuing year are: vice-president, Miss H. Kerr; secretary, Miss A. Ash; treasurer, Miss Milne. Miss Jessie Edmondson has left for Los Angeles, California,

and expects to spend the next two months there.

GODERICH: The new wing of the Clinton Community Hospital was opened recently by Dr. B. T. McGhie, Deputy Minister of Health, who was introduced by Dr. Shaw, chairman of the advisory board. After the formal proceedings those present made a tour of the hospital. Tea was served, when Miss J. Graininger, superintendent of the hospital, graciously received the many guests.

MARRIED: On October 20, 1934, Catherine Margaret Crawford (A.M. & G. Hospital, Goderich, 1931), to James Kirkland Wilson.

MARRIED: On December 1, 1934, Erma Pauline Roach (A.M. & G. Hospital, Goderich, 1932), to Reuben Brewer.

KITCHENER: The executive meeting of Districts 2 and 3, R.N.A.O., was held on January 23, at Freeport Sanitarium, with 99% of the members present. Plans were made for the next quarterly meeting which will be held in Stratford.

OWEN SOUND: The annual meeting of the Alumnae Association of the Owen Sound General and Marine Hospital was held January 29, with the president, Miss F. Rae, in the chair. The secretary, Miss Robinson, gave a fine report of the year's activities. The treasurer, Miss Weeden, presented a gratifying financial report showing the donations made during the year to needy organizations. The following officers were elected: Honorary president, Miss E. Webster; president, Miss F. Rae; first vice-president, Mrs. C. Johnston; second vice-president, Miss M. Paton; third vice-president, Miss Robinson; secretary-treasurer, Miss A. Weeden; assistant, Miss M. Cruickshank; auditor, Mrs. Johnston; pianist, Miss R. Dunoon; conveners of committees: flower, Miss M. Tolton; visiting, Mrs. A. MacKay; purchasing, Mrs. D. J. MacMillan; refreshment, Mrs. A. Burns; programme, Miss M. Miller; press representative, Miss M. Cruickshank.

MARRIED: On December 26, 1934, Miss Violet MacLean (O.S.G.M.H., 1933), to Mr. George Haswell.

WOODSTOCK: A meeting of the Alumnae Association of the Woodstock General Hospital was held recently with Miss Costello presiding. Miss Ruby Hamilton of Toronto spoke in the interests of the Junior Red Cross Society and the Florence Nightingale Memorial Scholarship Fund. Miss M. Henderson, organizer of Red Cross Nursing Units, also addressed the meeting and Miss M. Row rendered a piano solo. The members of the association presented Miss Eleanor Hastings

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with a cedar chest. Miss McKay read an address and the presentation was made by Misses Lila Jackson and Anna Cook. Miss Madeline Stone succeeds Miss Hastings as dietitian at the hospital.

DISTRICT 4

HAMILTON: The annual meeting of District 4 was held recently at the General Hospital, Hamilton, Miss Constance Brewster presiding. The following committee reports were respectively presented: membership, Miss C. Sheridan; programme, Miss Sturrock; nominating, Miss Dart; permanent education fund, Miss J. Soutar; public health, Miss A. Boyd; private duty, Miss Moran; nurse education, Miss Chisholm; publications, Miss Scheifele; finance, Miss Livingstone. Local Council of Women, Mrs. B. Stephens. The committee on arrangements for the annual R.N.A.O. convention to be held in Hamilton in April also presented an interesting report. Miss Edna L. Moore, chief nurse, provincial health department, was the guest speaker. Her address on "Some current problems in the profession" was much appreciated. The following officers were elected for the coming year: chairman, Miss Constance Brewster; vice-chairman, Miss McCort, St. Catharines; secretary-treasurer, Mrs. N. Barlow; councillors, Misses A. Wright, I. Murray, L. McElhone, C. Sheridan, Allen, McIntosh, E. Bell.

HAMILTON: A meeting of the Alumnae Association of the Hamilton General Hospital was held on February 5. After the business session the members of the 1935 graduating class provided entertainment with a variety programme of music and dancing. Mrs. F. LaRue (née Dorothy French, H.G.H., 1923), recently renewed old acquaintances in Hamilton; for the past eight years she has served in China and is now on furlough.

MARRIED: On October 6, 1934, Miss Ada Purton (Mack Training School, 1929), to Mr. Robert Ewing.

MARRIED: Recently, Miss Mildred Strong (Mack Training School, 1929), to Mr. Charles Foley-Bennett.

MARRIED: On November 17, 1934, Miss Ethel Whittington (Mack Training School, 1926), to Mr. S. Y. Whitehouse.

DISTRICT 5

TORONTO: At the annual meeting of district 5, R.N.A.O., held on January 31, Miss Dorothy Mickleborough pointed out that the activity and enthusiasm reflected in various reports must be sustained in order to strengthen the district support of the provincial association in meeting possible changes in the

nursing profession. Miss Edna Moore discussed an interesting report of the committee, convened by Miss Isabel MacIntosh of Hamilton, which has been studying the distribution of nursing service and of non-hospitalized and inadequately nursed sick in the province. Miss Irene Weirs was appointed district convener to arrange local details of the province-wide plan by which every doctor will be visited during February by a nurse interviewer, who will enquire as to the number of non-hospitalized sick under his care, the number of nurses giving care to such patients and the type of care needed by patients not being nursed. Mr. Campbell McInnis gave a humorous address on "Folk Songs and Traditional Songs of the British People." The following were elected to office: chairman, Miss Beatrice Austin; vice-chairman, Miss Irene Weirs; secretary-treasurer, Miss Isabel Park; conveners of sections: private duty, Miss St. John; nurse education, Miss Chute; public health, Miss K. McNamara. The councillors include Toronto representatives of the three sections with Miss O. Waterman, of the Soldiers' Memorial Hospital, Orillia, and Miss A. Scott, of Oshawa.

TORONTO: A meeting of the Community Health Association of Greater Toronto was held on January 30, when the members spent an enjoyable "Holiday in reading" with Mrs. John Creighton. Mrs. Creighton made many delightful references to books and characters covering a wide field of interest.

TORONTO: PROVINCIAL DEPARTMENT OF HEALTH: Miss Muriel V. Lowry of Ottawa has joined the staff of the Ontario Department of Health as supervisor of nursing in Health Unit No. 1. Miss Lowry is a graduate of the School of Nursing of the Montreal General Hospital. For several years she was connected with the school medical service of the Ontario Department of Education and more recently has been engaged in the rural health field as staff nurse, supervisor and tuberculosis research worker in Cattaugaus County, New York State. Health Unit No. 1 comprises the counties of Russell, Prescott, Stormont and Glengarry with headquarters at Alexandria.

TORONTO: VICTORIAN ORDER OF NURSES. A meeting of the staff council of the Toronto branch was held on February 4, with Miss K. McNamara in the chair. Miss Eva Chapman gave a talk on "Adventures in understanding" and related instances of her observations of people and their philosophy toward life during her travels about the province, as a speaker for Women's Institutes and the Department of Agriculture. Miss Marion

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Nash, educational director of the Montreal branch, attended the extension course in supervision at the School of Nursing and remained for special conference and demonstration work with the Toronto branch. An informal dinner was given for Miss Nash at the School of Nursing, by Miss Ethel Cryderman and the supervisors of Toronto, East York and York Township branches. Other guests included Miss Marjorie Bell, Visiting Homemakers Association, Toronto; Miss Dorothy Percy, School of Nursing, Toronto, and Miss Lodge of the Oshawa branch.

TORONTO: Miss Vona Rea (T.G.H., 1929), who is on a three years' contract at Oroya, Peru, with the Cerra de Pascua Mines, has returned from Talara, Peru, having spent part of her holidays with friends there.

TORONTO WESTERN HOSPITAL: Miss Esther Cunningham of the Red Cross Hospital, New Liskeard, has been transferred to Bracebridge, while Miss Fanny Arnott, who was at Bracebridge, has gone to the Red Cross Hospital at New Liskeard. Miss Edna Hayes has accepted a position in the Mission Hospital at Matheson. Miss Mildred Weir (1932) has been appointed to the Presbyterian Mission in Formosa, and expects to leave for this field in April.

MARRIED: Recently, Lila Bull (T.W.H., 1929), to Mr. Hartley Waldon.

MARRIED: Recently, Lorna Jardine (T.W.H., 1930), to Mr. Dean Churchill.

MARRIED: In September, Gertrude LeRoy (T.W.H., 1929), to Mr. A'Delbert Miller.

DISTRICT 7

SMITHS FALLS: The annual meeting of the Smiths Falls Graduate Nurses Association was held on January 21, when the following officers were elected for the coming year: hon. presidents: Miss Bliss, Miss Clark; president, Mrs. Mulligan; first vice-president, Miss Church; second vice-president, Mrs. Bell; treasurer, Mrs. White; secretary, Miss Durant; social and flower committee, Mrs. Mulligan, Mrs. Klyne, Miss Leeson. The association voted subscriptions for two more copies of *The Canadian Nurse* and it was decided to have the announcement of the association placed in the Official Directory of the *Journal*. Ten dollars was voted towards the permanent education fund and ten dollars was donated to the hospital. The meeting was most enthusiastic and much discussion took place as to plans for the coming months.

SMITHS FALLS: The Alumnae Association of the Smiths Falls Public Hospital recently gave a successful bridge. The association has resolved that each year it will contribute to the

hospital some necessary equipment to perpetuate the memory of the graduates of this school who have passed to their reward. In 1934, the association presented a Gatch bed. Miss M. Clark, assistant superintendent at the Public Hospital, had a wonderful surprise recently, when the members of the Galt Nurses Alumnae Association and other nurses of Galt presented her with a beautiful silver tea service and tray as a token of esteem.

DISTRICT 8

OTTAWA: The annual meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing was held on January 25, with Miss D. Moxley presiding. Miss M. Lamb, recording secretary, reviewed the many social and educational activities of the association throughout the year. An encouraging financial statement was presented by the treasurer, Miss W. Gemmell. Miss Moxley thanked the officers and members for their co-operation and stated that the accomplishments of the association reflected the keen interest of all its members. The following officers were elected for the ensuing year: Honorary president, Miss G. Bennett; president, Miss D. Moxley; first vice-president, Miss E. Curry; second vice-president, Miss M. Downey; recording secretary, Miss M. Lamb; corresponding secretary, Miss E. Fletcher; treasurer, Miss W. Gemmell; councillors, Miss Beth Graydon, Miss H. Johnston, Miss L. Garrett, Miss I. Johnston, Miss F. Dodge; convener of flower committee, Miss L. Barry; convener and members of sick visiting committee, Misses G. Moloney, E. Lyons, B. Edey; press correspondent, Miss E. Pepper.

DISTRICT 9

NORTH BAY: At the January meeting of the North Bay Chapter, Miss Valliquette, of the St. Joseph General Hospital Staff, read an instructive paper on "The Institutional Nurse." The February meeting took the form of a musicale at the Civic Hospital. Miss Ethel Shannon is taking a postgraduate course at the Royal Victoria Hospital, Montreal.

SAULT STE. MARIE: Mr. James Baxter, manager of the Royal Bank, addressed the January meeting of the Sault Ste. Marie Chapter, R.N.A.O., his topic being "Business and Service." Mrs. E. Vale described some interesting experiences overseas. Tea was served by the Plummer Memorial Hospital Staff. The various groups have been trying to raise funds for our objectives. Misses Sinclair, McGregor and Copeland held a tea and sale of cooking. Misses Delaney and Goatbe held a handkerchief sale and tea, and Miss R. Densmore had a beautiful cut-work lun-

cheon cloth and pillow cases made and was delighted with her proceeds from a sale of tickets. At the December meeting of the Sault Ste. Marie Chapter, Miss Alma O'Connor gave a splendid paper on "Impressions of the Biennial Meeting."

QUEBEC

MONTREAL: CHILDREN'S MEMORIAL HOSPITAL. The annual meeting of the Alumnae Association was held in January, when an excellent report was presented by the president, Miss R. Paterson, and reports from the various officers were received. At the February meeting, Miss Elsie Watt, dietitian at the Children's Memorial Hospital, gave an interesting talk on "Ketogenic Diet." Miss H. Easterbrook presented a paper on "Newer drugs in use in the hospital" and Miss E. Alexander gave an outline of her work in the Child Welfare Organization. Miss N. V. Parsons (C.M.H., 1924), Miss B. E. Goobie (C.M.H., 1929), and Mrs. M. Christian (Emma Grimes, C.M.H., 1930), are at present engaged in public health nursing with the N.O.N.I.A. organization in Newfoundland.

MARRIED: On February 2, 1935, Miss Anne Sutherland (C.M.H., 1926), to Mr. Ian MacKenzie.

MONTREAL: ROYAL VICTORIA HOSPITAL: Miss Anna MacLeod ('30), has resigned as head nurse in the Ross Pavilion and will be replaced by Miss Ebba Wilson ('34). Miss Helen MacIntyre ('31), has been appointed

head nurse on Ward M; she succeeds Miss Eileen Stuart. Miss Cora Cook ('21), is spending the winter in Cape Town, South Africa. Miss Helen Shanks ('26) is leaving for London and an extended trip abroad. The graduate nurses have recently added to their social activities, lessons in bridge, French and tap dancing.

MARRIED: On January 31, 1935, Miss Alberta Marion Hough ('28), to Mr. Stuart Scovil.

MARRIED: On February 5, 1935, Miss Marjorie H. MacDiarmid ('27), to Mr. Thomas C. Gorman.

MARRIED: On January 17, 1935, Miss Kathleen Scott ('30), to Mr. Gerald Conrod.

MARRIED: On January 24, 1935, Miss Eileen B. Stuart ('31), to Dr. E. John Cram.

SASKATCHEWAN

SASKATOON: The annual dance, sponsored by the Alumnae Association of the Saskatoon City Hospital School of Nursing, was held recently. Mrs. R. M. Pinder, Mrs. G. R. Peterson, Dr. Anna Nicholson, Miss E. Amas and Miss M. Chisholm lent their patronage to the occasion. Miss S. I. Allingham (S.C.H., 1934), Miss E. S. White (S.C.H., 1933), and Miss L. C. Friesen (S.C.H., 1934), are taking postgraduate work at the Saskatoon Sanatorium.

MARRIED: On January 25, 1935, Miss Pearl Evah Ungar (S.C.H., 1930), to Mr. J. Gordon Mason.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

(Incorporated 1920)

The Spring examinations for the Registration of Nurses in the Province of Quebec will be held in Montreal and elsewhere on April 23rd, 24th and 25th, 1935.

Application forms and all other information relating thereto may be secured from the Registrar. Applications must be in the office of the Association by March 31st, 1935. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 5th, 1935.

E. FRANCES UPTON, R.N.,
Executive Secretary and Registrar

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We may as well confess . . . that we read in bed . . . After a long day filled with what Stevenson called . . . "irritating concerns and duties" . . . nothing is more soothing . . . than to adjust the pillows and the light . . . at the right angle . . . and then to escape . . . through the gateway of another mind . . . Fortunately there are many of these portals . . . perhaps too many . . . and though some of them are not worth exploring . . . every now and then . . . one leads out into fresh fields . . . and pastures new . . . Then instead of composing ourselves to slumber . . . we read on and on . . . until we are surprised by the blare of the phonograph . . . which indicates that it is two in the morning . . . and that our neighbour . . . in the apartment below . . . has just returned to his roof-tree . . . and is performing his nocturnal ablutions . . . to the dulcet strains of . . . "Two cigarettes in the dark" . . . We were thus overtaken . . . the other night . . . We rashly started on J. B. Priestley's "English Journey" . . . at about 10 p.m. . . . but even after the last chord of "That dashing young man on the flying trapeze" . . . had trembled away into silence . . . as though it were loth to cease . . . we were still dodging in and out . . . of English towns and villages . . . with Priestley as our guide . . . To everyone who is responsive . . . to the drama of the modern social scene . . . this book has something to say . . . It is not a tract . . . nor does it set out to vindicate . . . any political theory . . . The author is frankly bourgeois . . . but like the disciples at Emmaus . . . his heart burned within him by the way . . . He began his journey in Bristol . . . and never have we read . . . a more entrancing description . . . of that water front . . . which witnessed the departure of Cabot . . . and where today the masts of ships arise surprisingly . . . in what looks like a busy street . . . full of trams and piled-up lorries . . . He went to Manchester and Liverpool and Leeds . . . and to Arnold Bennett's Five Towns . . . in the terrible Black Country . . . He talked and ate and drank . . . with men and women . . . in all walks of life . . . and tramped the wretched alleys . . . as well as the bustling streets . . . but no matter where he went . . . he could not escape the shadow of unemployment . . . that strange blight which is withering . . . our vaunted civilization . . . Yet it is not a depressing book . . . When we finished "English Journey" . . . (it doesn't matter what time it was) . . . we were sure that it had not . . . and would not . . . end in despair . . . Then we began to wonder . . . what would happen . . . if someone made a Canadian journey . . . in that same mood . . . and wrote about it as bravely and tenderly . . . In the middle of our speculations . . . we fell asleep . . . and dreamed we ourselves had done just that . . . but that we could not find a publisher . . . nor indeed anyone who wanted to read it . . . even in manuscript . . . except Mr. R. B. Bennett . . . Then we woke up . . .

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The January bulletin of the League of Red Cross Societies is devoted almost entirely to a consideration of air ambulances. In an extremely interesting article, entitled "Nursing in Air Ambulances", Mrs. Maynard Carter, chief of the nursing division of the L.O.R.C.S., quotes the following statement made by Flight Lt. H. M. Schofield, R.A.F.O., who has had considerable experience in carrying out tests for the transport of sick and injured by aeroplane.

I think a reasonable qualifying flying time is five hours, provided the time is disposed on the following lines:

The initial period should be thirty minutes; fine and fairly calm weather should be chosen, and the pilot should be considerate and endeavour to establish the nurse's confidence and satisfy her curiosity upon any points which might perplex her. The principal object should at first be to make flying a secondary sensation, and for this, gentle treatment at the start is essential.

No nursing should be attempted during the first two hours in the air. Unless the subject is allowed sufficient time to become accustomed to air travel before applying nursing, it will not be possible to give the requisite attention to the latter whilst she is possibly disturbed by unaccustomed sensations in the course of which she will probably not be able even to see anything beyond the interior of the machine, or realize what position the craft is maintaining. After two hours' experience with a pilot who understands the necessity for careful psychological attention—and for this purpose an experienced flying instructor is the best possible medium, provided the flights have been of at least thirty minutes duration—the average woman of good physique is capable of doing good work in the air. It should here be urged that some discrimination should be shown in selecting nurses. Aptitude is marked in women who ride and drive well; skiers invariably shine. But generally anybody fond of sport and games is a suitable candidate, although not necessarily an exception, because it is often found that others of poor physique and doubtful physical character (assisted no doubt by keener realization of responsibility, enthusiasm and devotion), show up better in emergency.

The remaining three hours should be in flights of not less than forty-five minutes duration, and should include flying in weather

which would be described by a well-qualified pilot as "decidedly rough and bumpy." Normal, but not acrobatic, manoeuvres should be consistently carried out during the last hour, and, it being assumed that all through this experience a cabin machine is used, a stuffy atmosphere should be maintained. The latter point is of paramount importance because this is usually the real and only reason for airsickness, and not, as is so generally supposed, movements of the machine. During this final hour, the nurse should also carry out a definite programme such as treatment for shock, preparation of report which should include such details as pulse and temperature. In actual practice, the cabin would of course be ventilated and probably heated, and this would be part of the nurse's duties, but I would recommend that for the test, as I have said, a close atmosphere be maintained although the report should cover the action that would be taken to assure correct temperature and air changing.

Failure of the final test should not be detrimental to the candidate because no criterion can be definitely stated and even experienced and good air travellers have occasional lapses. A sound pilot will be able to recommend further procedure, which would probably be further one-hour tests under the conditions referred to. I think that a limit should be placed upon repeat testing, and would personally allow three repeats before either turning down the applicant if obviously unsuitable, or insisting upon a further three hours of lighter air experience before accepting for testing again. It should be arranged that, in the event of a failure, the repeat test be carried out with the least possible delay, because the psychological effect of a failure upon the candidate, if allowed to hang out too long, is inclined to produce a moral effect which will seriously prejudice later efforts.

I have not stressed the inclusion of exceptionally bad flying conditions in this itinerary because I do not believe this is necessary. Reasonably bad conditions are sufficient to ensure adaptability, and on active service, adequate ventilation, the concentration necessary for the work, and the further experience that will have been acquired by those suitably qualified, will all combine to balance out the discomfort caused by the worst possible atmosphere disturbances.

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OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

CALGARY UNIT: On January 19, we had our annual meeting when reports and correspondence from other units were read. The officers elected for the coming year include the following: president, Miss A. K. Fralich; vice-president, Mrs. John Mulholland; treasurer, Miss Marion Lavell; recording secretary, Miss Nichols Gunn; phone squad, Mrs. Train Gray.

EDMONTON UNIT: At the annual meeting the reports of the retiring president, secretary and treasurer showed that we are not without value in the general scheme of things. At the annual dinner a most amusing fashion parade showing the styles from 1860 to 1930, was conducted by the following: Mrs. McManus (N/S E. Miller), Mrs. A. Taylor, Mrs. R. F. Nicholls (N/S B. Smiley), Miss A. MacNish and Mrs. Chester Chinneck (N/S N. MacRae). Many beautiful and weird costumes were shown. The officers for 1935 are: president, Mrs. Harold Orr; vice-president, Miss Jessie Chinneck; secretary, Mrs. G. G. Stewart; treasurer, Mrs. Ross; visiting committee: Mrs. R. F. Nicholls, Mrs. Byron Morrison.

LONDON UNIT: The Overseas Nurses Club of District 1 sincerely regrets the departure from London of its retiring president, Miss Laura Hubley, whose untiring and unselfish

devotion and loyal support to the organization will be greatly missed. The annual dinner was greatly enjoyed, the guest speaker being Major J. A. Linten, M.D., medical officer for military district number one. The loss of a beloved member in the death of Miss Frances Fisher is deeply felt.

TORONTO UNIT: The annual meeting of the Toronto Unit of the Overseas Nurses' Association of Canada was held on January 22, when a report of the welfare committee was presented by Mrs. Gillespie and Mrs. James' report of the committee on Canadian Corps re-union brought back pleasant memories. Changes were made in the constitution to conform with that of the national association so that the Overseas Nurses' Club of Toronto will be known in future as the Toronto Unit of the Overseas Nurses' Association of Canada. Miss Ruby Hamilton presided and welcomed to office Miss Laura Gamble, who was elected as her successor. Other officers elected were: vice-president, Mrs. Driver; treasurer, Miss McNaughton; recording secretary, Mrs. Gillespie; corresponding secretary, Miss Monk; councillors: Mrs. Mills, Mrs. Sheritt, Mrs. Gerrard, Mrs. McQueen and the Misses Farr, Drysdale, M. E. Gardiner, Nash and Edna Moore.

OBITUARY

LOCKHART—The death of Annie Florence Lockhart, superintendent for the past three years of the Mary Washington Hospital in Fredericksburg, Va., occurred in that institution on December 31, 1934. Miss Lockhart was the first student nurse to take the training offered by the School of Nursing of the Chipman Memorial Hospital, St. Stephen, N.B. She graduated in 1904 and shortly after took courses in the Boston Floating Hospital in Detroit and at Columbia University. In 1907 she returned to St. Stephen, was acting superintendent at the Chipman Memorial Hospital and in 1923, organized the Chipman Memorial Hospital Alumnae Association which exists today. Miss Lockhart was born in Sussex, N.B., and during her distinguished career held important positions in hospitals in the United States. When that country entered the Great War, she served for two years overseas, with the Harvard Unit.

SMILLIE—Recently, an outstanding woman passed away in the person of Mrs. J. R. Smillie, for many years a resident of Montreal. Mrs. Smillie was concerned by the high infant mortality in this province and city, largely due to improper feeding. Through the co-operation of the Local Council of Women, the Victorian Order of Nurses and the Montreal Foundling and Baby Hospital and with the help of some of the leading physicians, milk stations were established in various parts of the city. These were maintained until the Child Welfare Association was started, when the work was carried on by them. The rapid lowering of the infantile mortality rate was largely due to the pioneer work of Mrs. Smillie. These words are written as a mark of appreciation of one whose reward will surely be: "Inasmuch as ye have done it to one of least of these, ye have done it unto Me."

L.C.P.

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QUEBEC

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Associations of Graduate Nurses

ALBERTA

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

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Brandon Graduate Nurses Association

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QUEBEC

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Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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ALBERTA

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APRIL 1935
No. 4



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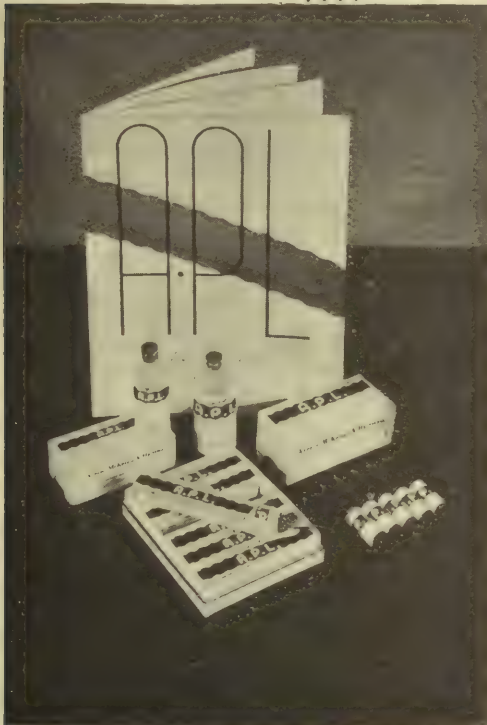
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The Canadian Nurse

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No. 4

THE WAY THE WIND IS BLOWING

It is quite apparent these fine spring days that definite progress is being made "towards action." Ever since the Biennial Meeting there comes word, from every province, of carefully planned campaigns which, once they get under way, may change the whole face of nursing practice. The time is not yet ripe to publish formal reports of any of these plans in the *Journal*; premature publicity might do harm. Nevertheless, in Ontario sufficient progress has been made to warrant publicity in the newspapers and the accompanying article, which appeared in *The Toronto Globe* on March 4, will repay careful study. Headlines are always important since some people read nothing else, so here they are: "Nurses study new service for community. Provincial Government should assist in experiment, they feel. Much discussion." The full text of the article follows:

Plans for the establishment of a proposed Community Bureau of Nursing, with the idea of providing a more adequate nursing service to the public, were discussed by the special committee appointed recently by the Registered Nurses Association of Ontario to study the question at a meeting held over the weekend which was widely representative of the nursing profession. Miss Marjorie Buck, President of the Registered Nurses Association of Ontario, presided at the meeting, and among those who participated in the animated discussion which ensued were: Miss Jean Gunn and Miss Florence Emory, both Past Presidents of the Canadian Nurses Association; Miss E. McKee, superintendent of the Brantford General Hospital; Miss Edna Moore, a member of the Joint Study Committee on Nursing Education; Miss Isabel McIntosh, convener of the committee to study

the needs of the non-hospitalized sick in Ontario; Miss Matilda Fitzgerald, secretary of the Registered Nurses Association of Ontario; Miss Ethel Cryderman, superintendent of the Toronto branch of the Victorian Order of Nurses.

It has long been recognized that the nursing needs of the public could be more adequately met if there were a reorganization of the nursing service, it was pointed out. Moreover, at the present time, a large percentage of sick people in Ontario go unnursed, and if Bureaux of Nursing were established throughout the province where all types of nursing service and home help could be obtained, a very urgent need in the community would be met. Such a bureau would arrange for private duty, hourly and visiting nursing service, as well as carefully selected home helpers. It would provide all the nursing needs of a community, it would assist the physician in meeting the special nursing needs of his patients, and it would give the public the assurance of the suitability of the worker for the type of work undertaken.

This committee is planning to make experiments along this line, and it was the unanimous opinion of the group that the Provincial Government should assist in financing such research work during the experimental period. A delegation representing the nursing profession in Ontario met the Minister of Health on February 5, and at that time a request was made for an annual sum, from the moneys paid into the Provincial Department of Nurse Registration by the nurses in Ontario to help establish Bureaux of Nursing. The organized nursing group in Ontario feel that funds for an experiment which would attempt to meet such a vital need in the community should come from the Provincial Government. While awaiting a reply, plans to establish such a service are being carefully considered by this committee.

It would be easy to read an article like this and to dismiss it as "old stuff"

and as just a repetition of the sort of thing we have been talking about ever since the *Survey* was completed. Quite so—but that is not the point. We nurses have been talking to *each other* about it; now we are talking to the other parties in the contract—the medical profession and the community at large.

Straws in the Wind

This forward thrust on the part of the organized nurses of Ontario is of great importance and, unquestionably, it will have repercussions in the other provinces. But it is by no means the only sign which shows which way the wind is blowing. Nursing groups, especially in the smaller cities, are trying to interpret nursing to their local communities. Here is a case in point: a few weeks ago the nurses in Peterborough arranged an open meeting at which the members of the local Business and Professional Women's Club were present. In an address on nursing service, the speaker tried to ex-

plain the nurse's relationship to women in the home. The press gave a good report of the meeting and it is just possible that the women of Peterborough will have a better understanding of what this nursing business is all about when the time comes for the community to take action concerning its support.

Does this mean that nurses should abdicate their right to manage their own affairs and to set their own professional standards? Not at all. For example, that same day in Peterborough the nurses had a closed session of their own. There was frank discussion of nursing problems with which the community is not concerned since they were purely professional in character. In other words, it is perfectly possible to retain our rights and privileges as an organized group and, at the same time, to take our proper share in community enterprise instead of isolating ourselves in a vacuum of "professionalism."



COMING EVENTS

Annual Meeting R.N.A.O.

The Registered Nurses Association of Ontario will hold their tenth Annual Meeting at the Royal Connaught Hotel, Hamilton, on April 25-26-27, 1935. On Thursday, April 25, the reports from the District Associations, and the standing and special committees will be presented. We trust that a large number of the nurses will be present to take part in the discussion of these very important reports. Mr. Louis Blake Duff, President of the Ontario Historical Society, will be the guest speaker at the banquet on Thursday evening. On April 26, the three sections will have their business meetings and the Nursing Education and Public Health Sections will hold their open meetings. At 7 p.m., there will be a Benediction Service at the Basilica of Christ the King. A symposium on "Meeting the community's need for nursing service" is being planned for the open meeting on Friday

evening. Those taking part will be Controller Nora Henderson of Hamilton, Dr. G. Harvey Agnew, secretary of the Canadian Hospital Council, and Miss Ethel Johns, editor of *The Canadian Nurse*. The Private Duty Section will hold an open meeting on Saturday morning. This will be followed by a general meeting and the election of officers. A splendid commercial exhibit has been arranged which will be of interest to all nurses.

Refresher Course

The Alberta Association of Registered Nurses is arranging a refresher course for public health, institutional and private duty nurses. Lectures are to be given on April 22 and 23, and arrangements have been made for observation in hospitals on April 24. All graduate nurses are invited to attend. The course will be held in the Medical Building, Edmonton, Alta.

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EILEEN C. FLANAGAN, B.A., Reg. N., and HELEN M. EBERLE, Reg. N.

The Montreal Neurological Institute is an integral part of McGill University and, with the exception of its Hospital Division, is administered by the authorities of the University. The Hospital Division, administered by the Royal Victoria Hospital, consists of four floors, two being for public patients, one for private and semi-private patients, and one for the operating rooms and X-ray department. The total bed capacity is, at present, forty-seven, including a children's ward of six cots. Medical as well as surgical cases are admitted and the services are extremely active, showing a turn-over of approximately seventy-five admissions per month. This affects the nursing situation to a considerable extent since it involves, continuously, the care of acutely ill patients.

Nursing Staff

The nursing staff, appointed by the superintendent of nurses of the Royal Victoria Hospital, is made up as follows: a general supervisor; an assistant who acts as ward teacher and who gives special attention to acutely ill patients, especially to the immediately post-operative; an operating room supervisor and her assistant; a night supervisor; three head nurses; four graduate nurses for general duty; six to eight postgraduate students; from six to eight student nurses. This arrangement has only been in operation since the opening of the Institute five months ago and may be altered later in the light of greater experience.

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out in monel metal and the food, cooked in the main kitchens of the Royal Victoria Hospitals, is brought to the Institute in electrically heated conveyors which, upon arrival, are connected in the ward kitchens. Service to the trays is made from the original containers thus obviating the necessity of transferring and reheating.

Each floor has a continuous bath, located in a separate room, where excitable patients may be treated, or where hydro-therapy may be used for other types of patients. On the private floor, a room equipped with sound-proof ceilings and doors adjoins this continuous bath so that complete quiet and seclusion is assured the patient both during the bath and after it and also prevents other patients being disturbed. All the windows on the hospital floors lock automatically if raised six inches, and can only be raised higher by using a key. They are further protected by unobtrusive wire screens set in metal frames, thus reducing the possibility of accident to a minimum. Each patient is supplied with a light signal which registers in the nurses' offices, kitchens, and utility rooms. This signal can be augmented by a soft buzzer, which can be turned off or on as occasion demands; if, for instance, a patient is being observed for seizures, it is necessary to have instant attention, and the buzzer is turned on. Each bed is supplied with a movable bed light which may be set either in a rod placed in the head of the bed, or in a rod attached to the bedside table. The bed rod may be raised and used as a standard for intravenous injections and, after use, telescoped into the head of the bed again. A number of beds have cot sides, and are used for very restless or irrational patients or those who are having seizures.

All surgical procedures in the public wards are carried out in the dressing

This article is the second of a series dealing with the Montreal Neurological Institute and its nursing service.



DOING A DRESSING

rooms, the patients being wheeled there in bed. Each dressing room is equipped with two cupboards, two monel metal tables, a steam sterilizer, and a sink. All sterile supplies are prepared by the operating room staff, and are autoclaved or dry-sterilized. Dressings and sponges are wrapped up in packages of different sizes, one or two of which are usually required for each procedure. The equipment in both dressing rooms is arranged on the shelves in the same place; doctors and nurses working on either floor are thus enabled to locate it readily. On the private floor there is what might be called a movable dressing room in the form of a metal dressing carriage, with a swinging tray, which is designed to carry all the necessary equipment for several procedures including solutions; two intravenous and two lumbar puncture sets; a transfusion set; two instrument dishes; dry supplies; needles; syringes; a waste container; a bag for dressing covers. This carriage has been specially designed with

a view to the safety of the equipment and to noiseless and easy movement. No dressing instruments are kept ready for use except an emergency set which has been dry sterilized. At all other times the required instruments and a single enamel dish 10" x 12" are boiled for ten minutes immediately before the procedure is begun. The doctor wears sterile gloves and himself removes this dish from the sterilizer and places the instruments in it. By so doing the amount of handling is reduced to a minimum and all risk of contamination from this source is avoided. The assisting nurse unwraps sponges and dressings and drops them into the same sterile dish, thus narrowing down the sterile field to a relatively small area, and dispensing with the towels which are usually employed to create it but which, by extending its area, introduce an added risk of contamination.

The simplification of the whole procedure is admirably demonstrated in the accompanying illustration. The dressings

and instruments are seen side by side in the single sterile dish. The doctor wears sterile gloves but not a sterile gown which is regarded as unnecessary if the technique is perfect, and as detrimental in that it expands the sterile field which, as previously explained, it is desirable to limit as sharply as possible. In the illustration, a rubber sheet covered by a sterile towel is shown under the patient's head; this towel, however, is not considered part of the sterile field. It should also be noted that the mattress is elevated, by means of the Gatch frame, so that it is level with the low head rail of the bed thus making it convenient for the doctor who is doing the dressing as well as more comfortable for the patient. Large bulky dressings and bandages are being replaced by light dressings, kept in place over a

smaller area by using liquid adhesive; narrow stockinette caps or crêpe bandages are also sometimes employed.

Intravenous infusion, hypodermoclysis, cut-down and lumbar puncture sets are all arranged in enamel dishes, put into heavy cotton bags and dry-sterilized. The lumbar puncture sets contain two glass manometers (No. 1 and No. 2); a three-way stopcock; two lumbar puncture needles (No. 18 and No. 20); two hypodermic needles; one hypodermic syringe; a medicine glass for novocaine; a wooden spatula; a haemostat; six sponges; three test-tubes. A folded dressing towel is tucked in to keep the articles in position and this may be placed over the rubber sheet by the doctor, if desired. The wooden spatula is used to apply sterile vaseline over the point of the needle



AN ENCEPHALOGRAM

puncture; this is covered with sterile absorbent cotton and replaces the usual dry dressing and adhesive. Blood needles and extra lumbar puncture needles are kept ready for instant use in glass test tubes; these needles are inserted in narrow bore glass tubing in order to protect the points; the use of absorbent has been found to dull the point rather than to protect it. A cork of non-absorbent cotton and gauze is firmly tied in place, and the whole dry sterilized. Syringes, brain needles and scalpels are also prepared in this manner and kept for emergency use. Boracic solution and liquid paraffin, both of which are constantly used for dressings, are put up in eight-ounce bottles, corked as described above, put into small cotton bags, pinned and autoclaved; a separate bottle is thus available for each procedure. Bacteriological tests have shown that ordinary corks cannot be rendered sterile and their use has been discontinued.

Encephalography

The making of encephalograms, frequently carried out as a ward procedure, involves the introduction of air or of oxygen into the spinal canal following the withdrawal of spinal fluid by means of lumbar puncture. This air (or oxygen) fills the intracranial spaces and displaces the cerebro-spinal fluid from them. The air (or oxygen) is less opaque to X-Rays than the structures of the brain and con-

sequently its outline can be seen over the surface of the brain and in the ventricles. Distortions of these, such as displacement or pulling can be made out and the nature and location of a lesion can be further determined by this means. The accompanying illustration shows the picture obtained after such a procedure is carried out. The lateral ventricle being filled with air shows up in this reproduction as a light shadow in comparison with the darker shadows about it. The anterior horn, the body, the posterior horn and the inferior horn can all be seen. In addition air is diffusely distributed in the subarachnoid space.

This procedure, which is also occasionally used as a therapeutic measure, was aptly described in a recent telephone enquiry made by an anxious husband: "Please, has the Professor blown the wind into my wife's brains yet?" The equipment required includes a lumbar puncture set, and a sterile dressing dish containing an air bag and its attachments, a 20 or 30 cc. syringe and a haemostat. On each floor there is a metal carrier holding a small oxygen tank which is used for this procedure.

We are still trying to perfect our methods and develop smoother routines, ever keeping in mind the comfort of the patient, the service to our doctors, and the training of our nurses.

(To be continued.)

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SOME NEW THERAPEUTIC AGENTS

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Oxygen and Carbon Dioxide

Oxygen and carbon dioxide have been occupying a large place in medical literature as therapeutic agents for the past few years and from the multitude of claims made for them a few are now proving themselves of real value. The basis of action for both gases is fairly clear. Oxygen is one of the three essentials of life, the other two being food and water, and just as there are conditions in the body which make it difficult to obtain and use food and water, in which cases they must be given by other means, so there are conditions in the body which make oxygen difficult to obtain and use, and these may be overcome to some extent by raising the usual 20% concentration of oxygen in ordinary air to 40 or 50%. Carbon dioxide is one of the normal regulators of breathing; when its concentration in the body is greater than usual it stimulates deeper and faster respiration; when the concentration is lowered breathing returns to the normal level.

In the case of oxygen certain conditions come readily to mind in which the supply may be interfered with, such conditions as asphyxia following drowning, and asphyxia following the inhalation of gases like carbon monoxide. Less obvious are conditions where the poor supply is due to abnormalities within the body, nevertheless they are equally important in their bearing on life; diseases like pneumonia where the interference is due to part of the lungs being filled with exudate, and cases of heart disease where the circulation is weak enough to cause poor oxygenation of tissues. During anaesthesia when breathing is less efficient oxygen again is of value, indeed oxygen is a necessity with nitrous oxide and only its presence in the proper con-

centration makes gas anaesthesia possible. It has been found, too, that after anaesthesia oxygen is helpful.

In many of these conditions the addition of carbon dioxide is a definite advantage as it tends to stimulate respiration. A fact still unexplained is that in many cases where the concentration of carbon dioxide in the body is obviously too high, the addition of more from outside sources tends to stimulate respiration. The result is that in many of these conditions where breathing is weak, carbon dioxide is an effective stimulant. Many uses for combinations of the two gases are being explored, their administration in asphyxia of the newborn being an important one. Another which bids fair to attract a great deal of attention is their use in the treatment of acute alcoholism where, it is said, that combined with gastric lavage the inhalation of an oxygen carbon dioxide mixture reduces the time required for sobering up from one or two days to a few hours. After anaesthesia by stimulating deeper respiration and therefore fuller expansion of lung tissue they are of definite value in the prevention of post-anaesthetic pneumonias.

These gases were first administered by allowing them to flow through tubing to a funnel which was held closely to the patient's nose and mouth. It is well known now that this method is worse than useless, useless because the concentration when actually breathed by the patient is too low to have any effect, and worse in that we expect some result from it and leave undone other things which might help. At present there are three effective means of administration: first, in a tent, second by nasal catheter, and third with an anaesthetic machine and mask. The third method can only be used when one person's whole time is devoted to the administration of the gas and nothing else and is therefore only

This article is the second of a series dealing with new therapeutic agents.

possible for short periods of time. The second method has the disadvantage of being rather uncomfortable for the patient. The method of choice is the oxygen tent. Unfortunately this has meant until recently a very complicated apparatus, but I understand that at the moment this seems unnecessary and if so is a real advance in treatment. An oxygen tent, because the patient's head was wholly enclosed in it, had to be fitted with a cooling apparatus. When however, it was remembered that oxygen is heavier than ordinary air and therefore tends to settle down, it was seen that the apparatus could be simplified by simply putting a box-like arrangement around the individual's head, making it as air-tight as possible at the bottom, with an opening through which to introduce oxygen, and allowing the top to be open. Thus at one stroke most of the disadvantages of the previous method were done away with, the patient's heat was no longer retained around him so a cooling apparatus was not necessary, sufficient concentration of the gas could be obtained, and an opening was always available for nursing purposes.

It has always been of interest to me to see the various stages through which most things progress to their final more or less perfect form. It seems that nearly all men when developing something new tend to develop it in a most complicated form, and only after it has been used for a varying length of time is it simplified to the place where it is really of use to people at large, and those of you who are familiar with the oxygen cooled tent will realize just how much more available is oxygen therapy to patients generally with the simpler apparatus. It means that it is easily portable, can be used immediately whenever required, and can be moved into a home with little bother.

Urinary Antiseptics

I wish now to make a few short remarks about urinary antiseptics. My reason for touching on this subject at

this time is not that new urinary antiseptics have been proven effective, but to tell you that they are slowly but definitely being proved ineffective, and to remind you that the best urinary antiseptic is not, in reality, an antiseptic at all. I refer to water. For the past few years the market has been flooded with new so-called urinary antiseptics under various names and guises, and physicians' mail cluttered with rather extravagant claims for these substances. It seems fairly sure now that while most of these substances have certain germicidal powers under ideal conditions most of them are comparatively useless as ordinarily used. Let me emphasize as strongly as possible that one of the most effective means of ridding the urinary tract of infection is to flush it out with plenty of water. In the treatment therefore, of a pyelitis or cystitis this means force fluids, then force fluids, and then force more fluids. Also, remember that our long-time friend hexamine is still our most potent friend in these cases, but only when the urine is kept acid. You will recall that under these circumstances formalin is liberated in sufficient concentration to have some antiseptic action, and to go back to the first point once more, in combination with large amounts of water is curative in many cases.

Water, as well as being an efficient means of promoting urinary antiseptics, is an effective diuretic. There are conditions however in which, because of accumulation of fluids in the body, it is unwise to attempt the production of diuresis by the administration of more water. In these cases various other drugs to increase the flow of urine and so rid the body of excess fluids are necessary. Of the newer diuretics salyrgan is one of the most reliable. It depends to a large extent for its diuretic action on its mercury content, about 36%, and is administered intravenously in doses of 1.2 c.c.'s. It is one of the most powerful diuretics we have at our command at the present time;

the amount of urine voided by oedematous patients after its use is sometimes startling, increases of one or two quarts daily are not unusual, therefore it is a drug about the use of which we should know. It has been known for some time that the best results were obtained when it was exhibited with ammonium chloride. Now it is being said that salyrgan used with drugs of the caffeine group, particularly theophylline, produces greater diuresis and produces it with smaller doses than if either drug has been used separately. This is of importance as it means that untoward effects and poisoning are less likely to occur from either drug.

It only remains to remind you of the differences between the indications and contra-indications for the use of salyrgan and other mercurial diuretics. Most mercurial diuretics because they depend for their action on the irritating effect of the mercury on the kidney cells, should be used only when the kidneys are healthy, that is when oedema is due to causes outside the kidney itself. Salyrgan is less toxic to the kidney cells and may be used in chronic conditions where the kidney is at fault. The one important contra-indication is any sign of acute nephritis, shown by albumen in moderate to large amounts, and red blood cells in the urine.

Treatment of Burns

One of the most interesting things about preparing a paper of this kind is the number of times one is reminded of the steady advance of medicine and this is well illustrated during the discussion of my next subject. Prior to 1927 the mortality from burns varied between 14% and 25% in the country at large. With the advent of the tannic acid treatment of burns in 1928 there was a sharp reduction in the mortality down as low as 3% to 5% in some hospitals. All of you have seen tannic acid employed in burn cases and realize what a boon it is to patient and attendants. Pain is

relieved largely as soon as the tannic eschar forms on the burnt surface, no longer are the painful dressings necessary at frequent intervals, secondary shock is prevented altogether or at worst is much lessened, nursing care is made infinitely easier, the time taken for healing is shortened, and the resulting scars are often less disabling. In spite of all these advantages certain facts concerning the use of tannic acid need constant emphasis.

In the older forms of treatment some oily solution was almost always applied, it served two purposes, kept the air from the burnt surface and relieved pain at the time of application. This is still being done all too often, even in extensive burns, in spite of the fact that after the use of ointments or oils tannic acid cannot be applied without extensive cleansing which may not be necessary otherwise, therefore do not apply any oily substance even as an emergency treatment if the burn is extensive enough to need tannic acid later.

A fact very often overlooked is that tannic acid in solution without preservatives does not keep and if used some time after preparation causes a great deal of pain. The solution had best be prepared immediately before it is to be used. Recently, however, various preservatives have been found to prevent deterioration and have made it possible to keep a solution prepared, one is mercury bichloride in the proportion of 1 to 2000, another which promises to be even better is 1 part of tricresol in 250 parts of the usual 2% solution of tannic acid. The one disadvantage of tannic acid is the fact that infection so often occurs under the eschar, which necessitates cutting the eschar and applying moist dressings. The infection also delays healing by causing the death of the growing tissue. Infection is undoubtedly less than it would be if tannic were not used, but still it occurs and the progress of the burn would be better if it could be prevented. As a result of investigations into this phase of the question

it is now being said that a 1% solution of gentian violet, while doing all that the tannic acid does, prevents the infection. It may be applied without the preliminary cleansing that must be done with tannic acid, unless of course an oil has been applied when the cleansing will need to be done, it forms just as tough an eschar but one that is more pliable and so may be used on surfaces over joints without cracking, and by preventing infection allows growth of all the healthy islands of epithelial cells which may have been spared by the burn. Further work must be done with this drug before it can be said to be as universally applicable as tannic acid, but reports to date would indicate that it possesses certain advantages.

Endocrine Therapy

Most interesting perhaps of all the recent advances in medical knowledge are those which have been made in the fields of endocrinology and endocrine therapy. This field is absolutely fascinating at the present time, fascinating for several reasons, because only recently has some definite knowledge of the physiology of the various glands been proved and because still more recently active endocrine products have been made available for therapeutic purposes. I wish I had time to tell you something of the years of work, work done by men who had no firm basis from which to start their investigations, work yielding apparently contradictory evidence even when done by the same men at different times, from which our knowledge is derived. The intimate inter-relationship between the various glands of the endocrine system and the different actions produced by the same glands at different stages of their cycles of activity were responsible for the apparent lack of uniformity in the results of investigations, and were also responsible for failures to use gland tissues or extracts of the glands clinically. At present, in the case of some glands, we do know what to expect from the use of

the glands themselves or their hormones and this field is becoming more and more important. Do not think for a minute we know much about these things; we are only on the fringe of the possible knowledge.

As the hormones concerned in female sex endocrinology are perhaps the most readily available and therefore the most used at the moment we will consider them first. To know what to expect from their use it is necessary to know the underlying physiology of the various glands. We know that in addition to the commonly admitted functions of the pituitary gland it may be considered the originator and governor of the whole female sex cycle. It is a comparatively small gland situated in the sella turcica of the sphenoid bone connected with the brain by its stalk. It is divided into three main parts, the anterior lobe, the posterior lobe and the pars intermedia. First we will discuss the anterior lobe as it seems to be the part most concerned in the sex cycle.

From the anterior lobe come hormones, one of which stimulates growth in immature animals, and another, the anterior pituitary sex hormone, controls sex function. We will consider, for purposes of this discussion, a normal menstrual cycle, beginning near the end of menstruation. The anterior pituitary sex hormone, acting directly on the ovary, causes ripening or maturation of an ovarian follicle, its rupture and the subsequent formation of a corpus luteum. While the Graafian follicle is growing and approaching maturity it produces another hormone called oestrin, which causes hyperplasia of the uterus and the endometrium. Shortly after the rupture of the Graafian follicle and the expulsion of the mature ovum, somewhere about the twelfth to the fourteenth day of the cycle, the production of oestrin reaches its height, and this hormone seems to act on the anterior lobe of the pituitary in such a way as to lessen the ovarian stimulation responsible for the production of oestrin itself. At

the same time the remains of the Graafian follicle after rupture, that is the corpus luteum, while producing less and less oestrin begins to produce and gives rise to more and more of another hormone called progesterin. This hormone modifies the oestrin action and is responsible for the preparation of the new hyperplastic uterine mucosa for the implantation of a fertilized ovum if pregnancy should occur. If not, the corpus luteum undergoes regression, and that along with the still lessening amount of oestrin causes the casting off of the hyperplastic endometrium along with some blood, which is spoken of as menstruation.

To say it another way, and it is worth repeating for purposes of clarity, the anterior pituitary sex hormone acts on the ovary to cause ripening of the Graafian follicle with the production of oestrin, and later causes the formation of a corpus luteum and the production of progesterin. Oestrin acts on the uterus resulting in hyperplasia and its sudden withdrawal causes menstruation. Progesterin lessens the oestrin effect and prepares the uterine mucosa to receive a fertilized ovum if pregnancy occurs, and if pregnancy does not occur the corpus luteum becomes organized and disappears with marked diminution in the amount of progesterin produced. If pregnancy does occur the corpus luteum survives and progesterin acts on the ovary itself to prevent the formation and maturation of further follicles.

We will now consider some of the variations of the menstrual cycle which may occur, and their causes as far as they are known. Amenorrhea, or cessation of menses, when not caused by pregnancy or general systemic disease may be endocrine in origin. It is obvious if we admit the pituitary is the motor of ovarian function that hypofunction of the pituitary with a limited production of anterior pituitary sex hormone will result in lack of ovarian stimulation and poor oestrin formation. As plentiful produc-

tion of oestrin and its sudden withdrawal causes menstruation, the lack of these factors will cause amenorrhea. Occasionally, however, the ovary itself may be at fault in that even with adequate stimulation from the pituitary it does not form oestrin, and in this case the result is amenorrhea also. The conditions may be differentiated by estimating the amounts of each hormone present at definite times during the menstrual cycle.

Menorrhagia, that is profuse bleeding at the usual regular intervals, and metrorrhagia, irregular bleeding, when not caused by non-endocrine factors may also be explained if the physiology is considered. Again, if the pituitary is the motor of ovarian function and if it be able to produce enough oestrin to permit of some uterine hyperplasia, but not enough to result in the formation of a corpus luteum which causes cessation of oestrin formation and the subsequent menstruation, the continued hyperplasia is soon accompanied by necrotic areas from which haemorrhage comes. Remember that various degrees of this hypofunction may occur, and thus we have menorrhagia resulting from slightly diminished anterior pituitary sex hormone production and metrorrhagia resulting from a marked reduction in the amount produced.

These explanations of the causes of some of the pathological states should now aid in attempting to treat the conditions. In the case of amenorrhea where it is due to anterior pituitary hypofunction it should be rational to give anterior pituitary sex hormone, but as this substance has little permanent effect on the parent gland its use is often attended by failure. On the other hand, oestrin because it produces hyperplasia is often effective. Menorrhagia and metrorrhagia, with their causes as we have shown, should best be controlled by progesterin, which modifies oestrin action, but progesterin is at present not available in dependable concentrations sufficient for

clinical use, therefore will not be considered further. However, we know that the anterior pituitary sex hormone stimulates the ovary to produce progesterin and thus the administration of the parent hormone is called for. This is effective, so much so that it is now said to be specific for menorrhagia and metrorrhagia of endocrine origin.

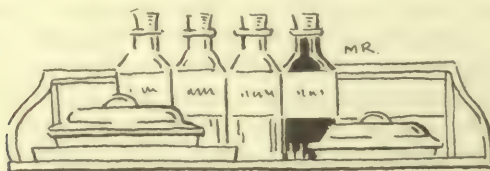
Now I think we are ready to consider the forms in which these products may be given in every-day use; progesterin we may leave out as no dependable preparations are available at present. Oestrin is available as theelin, amniotin, and progynon, which may be given by mouth and hypodermic. The administration of these various substances by mouth is, I think, considered the wisest method. Anterior pituitary sex hormone is inactive when given by mouth so that the various forms to be mentioned are all for hypodermic injection. Prolan, follutein, antuitrin S, and A.P.L., which is an anterior pituitary-like substance having the same effects as the others on the menstrual cycle. Oestrin must be administered regularly over long periods of time to produce a definite result, anterior pituitary sex hormone should be administered in small doses over periods of weeks where it is used to cure amenorrhea, and in large doses over comparatively shorter time intervals when used to cure excessive bleeding.

Just here I want to mention the placental hormones which have been investigated by Collip. He discovered that from placental substance, whether produced by

the placenta or stored there is not yet known, hormones closely resembling the ones we have mentioned could be obtained. Their actions were somewhat different from the true hormones spoken about but were equally effective clinically. One of them which corresponds in many particulars to oestrin, called emmenin, has found a place for itself in the treatment of dysmenorrhea. Where the dysmenorrhea is of the proper type emmenin may confidently be expected to relieve it, in many cases permanently. The other one is the anterior pituitary-like substance, A.P.L., about which we have spoken, used in the treatment of menorrhagia and metrorrhagia.

It has been known for a long time that the posterior pituitary lobe hormone produces two main actions. It causes vigorous contraction of the uterine muscle, as well as a marked rise in blood pressure and increased peristalsis of the intestine. Sometimes one of these actions alone was desired and because of the other the hormone was contra-indicated. This undesirable feature was eliminated recently when it became known there were really two hormones, one responsible for the oxytocic effect, and the other for the effect on the blood pressure and the intestinal muscle. At present the oxytocic principle may be given in the form of pitocin to cause uterine contraction in cases with high blood pressure without raising the pressure, while the vasopressor principle may be given as pitresin to stimulate intestinal contractions without danger of initiating labor in cases of pregnancy.

(To be continued)



THE EDITOR'S DESK

From the Queen

Reference was made last month to the specially bound copy of the Programme of the Pageant offered to Her Majesty the Queen as a souvenir of the Silver Jubilee of the Canadian Nurses Association. Her gracious acknowledgment has been received and its charming reference to the coincidence of the two Jubilees will be particularly gratifying to Canadian nurses:

Buckingham Palace.

Lady Cynthia Colville presents her compliments to Miss Emory and is commanded by the Queen to thank her very much, together with the Canadian Nurses Association which she represents, for the very attractive Silver Jubilee memento of the Canadian Nurses Association, and which has arrived so appropriately in the year of the Silver Jubilee of Their Majesties' reign! The Queen knows well the splendid work carried on by the Canadian nurses and congratulates them warmly on having reached the 25th anniversary of the foundation of their Association, and the kind thought of Miss Emory and of her fellow-members in desiring to present the Queen with a specimen of the Jubilee Souvenir has given Her Majesty very real pleasure.

Readers' Guide

It looks as though we may have to make "Readers' Guide" a permanent feature of this not very exciting page. Somebody told us last month that she found the guide quite useful because "it saves me the bother of reading the rest of the *Journal*." While this was not precisely our aim when we prepared it, we quite got her idea, and after all it is encouraging to be assured that our head lines are worth even a casual glance.

Having indulged in this unseemly exhibition of cattishness we feel very much better and shall now proceed. We make no apology for putting "The way the wind is blowing" on the first page. If after reading it you are not convinced that nursing has struck its tents and is on the march, the spirit of adventure is not in you. Miss Flanagan and Miss

Eberle continue their series of articles on nursing in "The Montreal Neurological Institute." The illustrations which add so greatly to its interest were specially prepared for the *Journal*. It was gratifying to be told that Dr. Trenholme Fisher's series of articles on "Some new therapeutic agents" is being found useful by instructors and that Dr. Coward's discussion of "The nervous child" has helped more than one public health nurse to handle normal youngsters intelligently. Under the caption of the Department of Nursing Education we present a clear and well-thought-out article on "Teaching anatomy to nurses" by Reverend Sister M. Annunciata, Reg. N., a member of the teaching staff of the School of Nursing of St. Martha's Hospital, Antigonish, N.S. Our spring crop of newly graduated private duty nurses will find Miss Lamb's practical suggestions about a kit well worth noting, and a glance at the letter which appears on the same page under the familiar caption of "What do you think about it?", might be worthwhile. Miss Helen Buck gives a fascinating glimpse of her experiences as an exchange student, and in "Correspondence" the burning question of education is discussed from a new angle by Miss Bliss. A new name for "Hospital Day" is suggested by Miss Grace Fairley. Why not tell us whether you approve?

Nurse Practice Acts

A committee of the Canadian Nurses Association is now studying the question of Dominion registration. In "Notes from the National Office" the Executive Secretary of the Canadian Nurses Association outlines the educational requirements imposed in existing provincial legislation. There is considerable disparity in this as in other standards. The committee has its work cut out for it but at least it is fortunate that its task lies in Canada rather than in the country to the south of us. There they have forty-nine varieties to reconcile—or is it fifty?

Correspondence

From an Exchange Student

I would like to extend my thanks for the opportunity which has been given me of seeing the London hospitals and of meeting so many of the women who are doing much for the nursing profession in England. They have all been most cordial and have made me feel very much at home. As I landed in Liverpool instead of in London (owing to an accident to the *Ascania*), I stayed over a day there and took the opportunity of seeing a little of the Royal Infirmary. I spent the afternoon and evening at a meeting of the local branch of the College of Nursing at which they had an excellent lecture from one of the medical staff. I should think that this branch is very much alive; the theatre where the meeting took place was packed. Miss Jones, needless to say, gave me a splendid start with her account of various nursing organizations. In London, after an interview with Miss Parsons at the College of Nursing, I found that a programme had been arranged for me which included a stay of varying length in the following institutions: Guy's Hospital; the London Hospital; St. Bartholomew's Hospital; St. Thomas's Hospital; the Middlesex Hospital; University College Hospital.

The first few days at Guy's Hospital I made rounds with the Assistant Matron and visited the different departments, later going back to them at will. I also spent some time in the laundry, kitchens, bakery and workshops. Teaching in the Preliminary School was being "wound-up" for examinations so that I was able to see one group being "finished up" and also the entrance of a new class. The preliminary course lasts for fifteen weeks, with one week's holiday at its conclusion. The actual hours of teaching are much less than ours as students do a great deal of "home work", mending, etc., and take part in the care of the Infirmary. They have one good classroom with splendid equipment; the others are old, but they are fortunate in having excellent teaching facilities in the Medical School which they use to the best advantage. I also went on various excursions with the students.

I spent a good deal of time in the welfare centre, the pre-natal and baby clinic and went out on the district with the nurses. I also had some time in Matron's Office seeing the work of the staff there and also that of the Home Sister. The Christmas festivities rather broke into the routine, but I was much interested in seeing Christmas in an English

hospital. I believe Guy's Hospital still does many things that the others do not do. For example, the nurses and Sisters have their Christmas dinner in the wards after the patients have had theirs. Their ward decorations were most elaborate, and concerts and parties for the patients were kept up in the wards for several days.

About this time the College of Nursing had an open week, with interesting lectures and films, which I attended. My time at the London Hospital was limited to two weeks but I seemed to accomplish a great deal, for the Assistant Matron certainly made the best of every minute. The size of it all rather took one's breath away. Think of serving over two thousand people at a meal; still I failed to see any meal that did not look hot and the food was really very nicely served. I have never seen anything like the despatch with which the meals in the nurses' dining room went through, and there, again, everything was hot and well served. Here I spent some time in Matron's Office, the laundry, linen rooms, kitchens, out-patients' department and the dietetic wards, and again went out on the district. I enjoyed the visit to one of the six annexes for convalescent patients. I have already had several excursions with the College of Nursing group to various health and mothercraft centres and to three of the L.C.C. Hospitals, all of which has been most interesting. Apparently each hospital has felt that my education would not be complete unless I saw some good plays, and I certainly am most appreciative.

HELEN S. BUCK.

Cultural Education

I was much interested in the Off Duty page of the January issue of *The Canadian Nurse*. What a pleasure it must have been to hear education discussed by a woman who really knows something about it. Is it possible that the trouble in our schools of nursing may be traced to the neglect of cultural education in our high schools and that we cannot make much headway until both the public and high schools improve?

Sometime ago, at a conference of English headmasters it was decided the "matriculation fetish" demands a high standard in a large number of subjects, but allows little scope for independence of thought, and enforces a certain type of concentrated book-learning which handicaps both pupil and teacher. In

years gone by, children lived with parents who read widely, and were not only encouraged to do likewise but animated discussions of books and current events gave knowledge not now gained in our Canadian schools. Dr. Murray Butler has truly said that England can teach us how we should educate young people culturally—being Canadian-born that hurts—but it is true. I feel our ideas on nursing education (except for the few who have had simple sound education at home and school before they take up nursing) is out of focus, until we get more thorough teaching in our high schools.

MARY BLISS.

The Mission Field

Month by month in our *Journal*, reference is made to nurses out of employment, and schemes are discussed for the relief of the situation. But seldom is there mention of the need of nursing service in the mission field.

Why is it that so few doctors and nurses care to answer this call? What are the advantages? Three occur to me: (1) Could any calling be more worthwhile than the double command of Christ "Go ye into all the world and preach the Gospel. Heal the sick." (2) Service in a loved profession. (3) Constant and remunerative employment. Disadvantages? There is but one: separation from home and friends for a brief term of years. Yet, one word of caution. No mission board wants a nurse for but three or five years as some seem to think. Language study alone will take two years. At the same time nothing is binding should one wish to give up the work. Who will face this life? It is a challenge. Do I hear someone ask "What are the qualifications?" A year at least at Toronto or other Bible college. Write to the secretary of the Women's Missionary Society of your church.

"A NURSE WHO KNOWS."

NIGHTINGALE THANKSGIVING DAY

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee
of the Canadian Nurses Association

For fourteen years we have been educating ourselves and the public to "Hospital Day" and on May 12 of each year hospitals on this continent have recognized this day as one set aside for informing the community at large of the various happenings in, and requirements of their institutions, as well as endeavouring to create sympathetic public opinion. Programmes of various types such as "open house", graduation ceremonies, public meetings, laying of foundation stones, and so on have been planned with success. It is with interest, therefore, that we note that the British nurses have decided to have that memorable date, Florence Nightingale's birthday, known as "Florence Nightingale Thanksgiving Day." Might we not consider re-naming this day to fit in with the decision of the mother country? Individual nurses should express their feelings freely on this matter and it might also be well to approach hospital organizations to get their viewpoint so that the wishes of the majority may be known before we ask our National Association to take action.

Donations to the Foundation continue to arrive but we are yet far short of our objective, and organizations, both provincial and local, as well as married members of the profession, are urged to send in their subscriptions at an early date. Readers are reminded of the decision made at the biennial meeting in Toronto, to award one scholarship annually for five years, of \$1,250.00 and a grant of a similar sum towards the permanent endowment. To date only \$720.52 has been received. While under existing economic conditions this may appear to be a large sum of money; it could be much increased if each of the 11,148 registered nurses would subscribe twenty-five cents; we should then very soon meet our obligations. Knowing that there are many registered nurses who feel they cannot give at the present time, may we not hope that the seven thousand who are holding positions will send a fifty cent postal note to their provincial convener so that we would have no further anxieties for the present year? Recent donations include the following:

Alberta

Calgary General Hospital, Calgary, staff and students	\$32.00
Central Alberta Sanatorium, Calgary, staff nurses	10.50

British Columbia

Nicola Valley General Hospital, Mer- ritt	10.00
A.A. Jubilee Hospital, Victoria	10.00
A.A. St. Eugene Hospital, Cranbrook	5.00
Miss A. Courser, Rest Haven, Sidney	1.00
Chilliwack General Hospital, Chill- wack, staff nurses	10.50
Chilliwack General Hospital, Chill- wack, special nurses	3.00
Matsqui-Sumas-Abbotsford Hospital staff	3.00

Manitoba

Municipal Hospitals, Winnipeg, staff nurses	17.50
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Ontario

Overseas Nursing Sisters Association, Toronto	5.00
Florence Nightingale Association, Windsor	5.00
Ontario Division, Canadian Red Cross Society	25.00
A.A. Hamilton General Hospital, Ha- milton	10.00
A.A. Guelph General Hospital, Guelph	10.00
A.A. Sarnia General Hospital, Sarnia	5.00
A.A. Stratford General Hospital, Stratford	5.00
A.A. General Hospital, Chatham ...	10.00
A.A. General Hospital, Brantford ..	15.00
A.A. Hospital for Sick Children, To- ronto	10.00

THE DIFFERENCE

Sairey Gamp believed in the "bottle on the mantelpiece." Her interest in any 'convention' was limited to not being found out.

Her ideas of Hygiene consisted of keeping herself (and, incidentally, the patient), warm by closely fastening the windows.

Any attempt to present a new idea to Sairey Gamp was an unforgivable insult.



*A Window at
St. Martin's House*

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Department of Public Health Nursing

THE NERVOUS CHILD

N. BARRIE COWARD, M.D., Halifax, N.S.

Love of Power

In the child the desire to attract attention is natural; it is his love of power, his love of being the centre of the picture. It is his constant desire to make his environment move around him. His methods of attracting attention are numerous and varied, and within the limits of his own power he is a past master of the art. A normal child ought to be able to play by himself, and when he is unable to amuse himself without the stimulus of an adult's help there is something radically wrong. Most of these troubles are due to the intrusion of the adult mind and its contact with that of the child. A child's mind works in a groove, and it delights in repetition. Unfortunately, so much of what is said to him is in the form of "Don't do that", "Don't touch that", "Don't go near there", and the tone used in addressing him attracts his attention to the forbidden object or place, and he repeats the attempt in order to evoke the response from his mother which he has got to know and expect. In evoking this response he merely satisfies his desire to be the centre of the picture. Each clash increases his realization of his own power, and his ability to dominate the scene. This and similar states are usually attributed by the mother to a peculiarly strong will which she thinks can be broken by persistent opposition. In reality the idea that the child has a strong will is an entire misconception. It is not will power, but evidence that the child has mastered his mother's responses and evokes them as he desires. Strength of will and fixity of purpose are two of the last powers which the human mind develops. If no

one pays any attention, or if no one reproves, these attempts are soon given up. A child who will play by himself finishes with a brain stimulated, but not tired, but one who is constantly dependent on adult company for stimulation, is bound to suffer from mental irritability and exhaustion, which in turn is often the direct cause of refusal of food, dyspepsia, wakefulness and excessive crying.

Reasoning Power

This is a phase which is markedly underestimated. The child's mental processes, and capacity of understanding speech, are ahead of his power of speech. Because we do not realize this we are apt to tell the child anything which seems likely to fill the purpose of the moment and to flatter ourselves that he believes us. You have all heard mother say to Billy, "If you're not good now, I'll call the policeman." A child of eighteen months is old enough to be talked to reasonably, and if we wish our children to be reasonable, we should speak reasonably to them. These foolish speeches do not quiet or fool the youngster—they only serve to arouse his apprehension as he scents danger in the artifice.

Closely connected with the reasoning power of the child, is his appreciation of right and wrong, or in other words obedience and disobedience. Various degrees of obedience are exacted by different parents from their children, but whatever degree of stringency they adopt, let them see that their attitude is constant. Too severe authority is likely to make the child colorless and uninteresting, and in later life is apt to make him sly and a liar. Demanding continual implicit obedience is likely to make the child too subdued and to encourage the tendency to abandon themselves entirely to the

This article is the second in a series dealing with the management of the nervous child.

supremacy and initiative of others, leading later on in life to an inferiority complex.

Reproof

When punishment is inflicted it should be deliberate. The hasty slap is nothing more than a motor discharge provoked by the mother's own irritable mind, and the child, who is an excellent observer, discerns the truth and measures the frailty of his judge. In reality the little child is peculiarly sensitive to blame, but repeated reproofs make his reproof hardened—a truly sorry state. To indicate displeasure ought to be a momentous thing, not something to be lightly undertaken and immediately passed over. Ask him kindly and quickly to desist, and if he refuses then be aloof from him for a while, until he realizes that he is unpopular. When he does he will quickly stop his misbehaviour. After a child has done wrong and is punished, the mother

must be equally ready to accept him back into her confidence from which he has been temporarily banished, without further reference to his misdeed, after allowing him time to reflect on his error.

The child detests the unexplained intervention of force. When used, it is invariably followed by a storm of tears which is not quieted until the forbidden object is given back to him. When this is done the child at once realizes that the force which restrains him can be made to yield to his own efforts. How much easier it is to explain quietly to him that the object, such as a pair of scissors, would hurt baby and show him where to put it out of harm's way. It is only when we have developed the child's reasoning powers, by treating him as a rational being that we can expect him deliberately to defer his wishes to ours, because he has learnt that our requests are generally reasonable.

(*To be continued.*)

"OUT IN THE STICKS"

Here we are, our black bag duly packed, setting out on a forty-mile journey to Meadow Portage, a small fishing settlement between the Lake Winnepagosis and Lake Manitoba with nothing before us but a snow trail and bush—the people of the district call it "the sticks." The Red Cross nurse stationed at Rorketon is the only medical help within twenty-five miles of Ste. Rose where a doctor is stationed, and she covers this great stretch of land known as the Municipality of Lawrence, including unorganized territory to the north. Livery is provided by the patient desiring her assistance and, with the assurance of a return trip, out she goes, by open sleigh, box wagon or caboose; the latter is literally a covered wagon on sleighs, usually home-made of canvas and heated inside by a stove, which may be anything from an old oil can to an iron barrel.

The driver is clothed in his "parka", a canvas coat with three-cornered cape, which

may be pulled over his head for protection. This cape is trimmed with fur and, on a frosty morning, he bears a strong resemblance to Santa Claus with white beard and rosy face. Along we travel, meeting with an occasional caboose, its smoke stack puffing away, the owner of which is taking fish packed in ice for delivery to such distant points as New York where it is served as a luxury at a dollar a fish, he getting perhaps five cents a pound. On we go facing wind, snow and the great open spaces, bells tingling and caboose gradually nearing the completion of its journey. Presently we exchange horses. "Do you know these people from whom you borrow a fresh team", we ask our driver. "No," says he. "Then what proof has he that they will be returned", is the nurse's query. "Just show him your Red Cross button." This is done, and the journey is continued. The black bag is safely guarded for it is the emblem of Red Cross assistance in Northern

Manitoba. We arrive: eyes are peering out of a window, anxious father opens the door, welcome is written on every face. You are ushered into a clean bedroom, the interior of the house having been whitewashed early in the summer, is sparsely furnished but well kept. On the walls are a series of sacred pictures, perhaps ten in number, with artificial flowers between them.

Little time is wasted; the nurse is provided with a basin of water, washes up and gathers what equipment she can from the household. Necessity being the mother of invention, all sorts of things are used. A dishpan for instruments, newspapers for the protection of furniture. Work has now begun and the nurse

prepares to give any assistance which may be indicated. Perhaps it is diphtheria anti-toxin that is needed or some medication for relief of pain, or, in all probability, she is helping a mother who is about to be confined. Before leaving, advice is given as how to carry on for the necessary number of days. Hot coffee and home-made bread is given the nurse and a hearty "thank you", and she returns to her headquarters thankful for a courageous driver, trusted friends and for an organization that supports her in the work of amelioration of suffering and the prevention of disease.

EDNA WALKER,
Red Cross Nursing Outpost,
Rorketon, Man.

The Central Registry Graduate Nurses

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Registrar:

ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

THE Manitoba Nurses' Central Directory

Phone 27 700

510 MEDICAL ARTS BUILDING
Winnipeg, Man.

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Department of Nursing Education

TEACHING ANATOMY TO NURSES

REVEREND SISTER M. ANNUNCIATA, Reg. N., St. Martha's Hospital,
Antigonish, N.S.

The study of anatomy is difficult, but the instructor can make it both interesting and fascinating. Anatomy has a certain mathematical quality which demands exactness and accuracy and a multiplicity of new terms must be learned which will frequently re-appear in other subjects. In fact, these terms must become a fixture in the mind, and a permanent part of the professional vocabulary of the properly educated nurse. Hence the exact nature of the subject and the number of new terms to be learned in a comparatively short time are the factors which render the subject difficult to master.

The student nurse should be helped to realize early that general notions about the subject, such as she experienced in high school regarding history and geography are of no advantage. She must be thoroughly impressed with the fact that anatomy calls for clear, definite answers and not merely general remarks. The mental pictures formed by the instructor must be exact in outline and clear in quality, if the best results are to be attained. When a problem is understood its solution is in sight. Lack of aim and lack of analysis in struggling with a problem usually spell failure.

Presentation

The instructor should be a thorough master of her subject. This implies a knowledge and background enriched by reading and studying the larger anatomical texts and other books, so that she will possess the power of illustration in teaching her subject. In teaching professionalized courses one should strive to avoid being academic. To lead the student to the point where the subject ceases to have professional value is a serious error. One who can relate the study of

human structure and function of the wonderful processes of human development is capable of holding the student's attention, and instead of anatomy being looked upon as a boring and difficult study it may become intensely interesting and absorbing.

Teaching Methods

The oral quiz is highly important in teaching anatomy, and the first ten minutes of the class period should be devoted to it. If this quizzing presents good questions the time might profitably be extended. Pointless questions and rambling answers should be avoided but good questions stimulate thought and are actually productive. The instructor should first present the question and then call upon the student. If there is a delay in answering, or if there is only a hazy, indefinite statement, the question should be passed on without being repeated. Every student in the class should be made to feel responsible for the question which is passed along. The technique used by the teacher is highly important. It may be the means of creating in the student a favourable, receptive state of mind by provoking alertness and a sense of responsibility, or, on the other hand, it may unfortunately degenerate into a mere routine of questions and answers. The instructor should use the new words that appear in each lesson and thus encourage the students to enlarge their vocabulary. Difficult words and terms should be written on the blackboard. The daily quiz stresses the necessity of constant and careful preparation of lessons. The student who allows her work to pile up is creating new difficulties for herself. The baneful practice of trying to accomplish in a few

hours what should be covered in a few weeks should be discouraged.

The students should be encouraged to ask questions during quiz or lecture. In this way the principle of the socialized recitation method is exercised. The instructor should guide the discussion with tact and discretion in order that the best results may be reaped. The main purpose of these questions should be kept before the mind's eye, namely to clear misunderstandings, to solve difficulties and to encourage the student to participate more fully in the exercises.

The use of note books is recommended to aid the memory and understanding and to stimulate regular preparation of lessons assigned. The note books should contain drawings of anatomical structures, bones, muscular attachments, viscera and such. The use of coloured lead is valuable in drawings. Visual memory is very helpful in recalling and in mastering the subject. Occasionally the note books may be submitted to the instructor for constructive criticism.

Demonstration of anatomical material is essential. An adult skeleton should be in every classroom. Skeletons of a fetus, infant, and young child would add greatly to the interest of the class and are valuable for comparative purposes. Charts hung by the roller-shade arrangement are convenient, and should form part of the equipment of every classroom. Preserved specimens showing ligaments, heart, especially fresh beef heart, brain, and round steak bone to show marrow and periosteum are valuable and can be had without difficulty. Surface anatomy is intensely interesting and most practical. The location of bony points, mastoid processes, maxillia, frontal and maxillary sinuses, clavicles, fontanel, acromial processes, styloid processes, cervical prominence, hip joint, head of fibula, malleoli, triangle of neck, arches of the feet and other important parts offer a most interesting study. We have been favoured with classes in biology, through a sum-

mer school course, given by the University of St. Francis Xavier, which offers a splendid opportunity for learning modern methods in teaching anatomy. The dissection of animals and other features of the course proved of great practical value to those who were so fortunate as to receive this benefit. Without an opportunity for study, without proper laboratory facilities, the efforts of the teacher are fruitless. The laboratory should be open to the students, and generous opportunity for study of bones, manikin and charts provided.

Summary

To sum up briefly the general principles of teaching anatomy to student nurses, we find that in these living graphic studies impressions are formed in the mind of the student that are lasting because the teachings are true to nature and to fact. The actual visualizing of the size, location and action of organs, offers an interesting modern method of enabling the student to obtain and retain a thorough knowledge of anatomy. Lectures, combined with discussions between instructor and pupils, reviews both oral and written, demonstration of material and laboratory exercises, all help to overcome the difficulties which the subject presents.

In conclusion, I wish to emphasize the necessity of arousing enthusiasm and interest in the class. Enthusiasm is defined as "a God-inspired quality of interest and devotion to the work in hand, lifting its possessor over obstacles and carrying him forward in the face of opposition. It makes work a joy instead of a drudgery, constantly leading to better performances. It is the divine spark that kindles the torch of progress." Unquestionably, enthusiasm cannot be taught but the method employed in presenting the lesson will go a long way towards creating it. Thus interest is awakened and there is instilled into the class a hearty desire to know more about the human structure which the study of anatomy offers.

Department of Private Duty Nursing

A HANDY KIT FOR PRIVATE DUTY

MARY LAMB, Private Duty Nurse, Ottawa, Ont.

The efficient private duty nurse is just as particular about keeping her equipment in order as the public health nurse is about the contents of her all-important bag. Here are a few practical suggestions as to what you will need: *Instruments* for doing ordinary dressings. A *hypodermic set* in good working order. A *clinical thermometer*: You can usually convince a neurotic patient that you are a splendid nurse by taking the temperature and pulse frequently. A *hot water bag outfit*: This is quite an asset. Just imagine in a country home, miles away from the nearest store, giving an enema to an infant with a medicine dropper, or attaching rubber tubing to a tea pot or kettle. *Rubber cot sheet*: This can be purchased for less than fifty cents. Paper is so bulky for the protection of furniture and bedding. *Charts*: These can usually be purchased at the registry or at a drug store, and bill forms can be got from any stationer. *Flash light*: This is handy in case the lights go out, or for seeing your way about the house during the night. It can also be used at the summer cottage. *Toilet paper*: This is a necessity not always found in every home.

Here are a few hints which may come in useful:

Draughts from open windows can be avoided by placing a screen, or clothes horse with a sheet over it, in front of the window, or by pinning a towel or heavy piece of material across the lower window.

A funnel for the steam kettle can be made from rolled cardboard.

To sterilize dressings in a home, bake them in an oven at 350° for an hour. Bed pans can be kept warm during the night by placing them over the coils, or near a grate or warming with a hot water bottle if there is no hot water available. The taps generally make so much noise at night and a warm pan seems to be one of the little things that count. The output of urine can be measured by placing a strip of adhesive up the side of a jar and, with the aid of a measuring cup, marking the adhesive two ounces at a time.

Regarding uniforms you will find a number of people who object to bibs and aprons on the ground that they are so noisy at night, especially going up and down stairs.

WHAT DO YOU THINK ABOUT IT?

I was quite indignant when I read the statement that graduate nurses are being displaced because they are becoming commercialized as a result of their high education. As I see it that is most certainly not true; no commercially-minded girl will devote from three to five of the best years of her life in order to fit herself for the task of caring properly for the sick. Only the ambition to give of our very best can urge us to better fit ourselves for this immense task. I admit that practical nurses surpass us in the house-keeping end of nursing in a private home, and the fault lies mostly with our training schools. Practical nurses are generally older women who have had experience with house-keeping whereas graduate nurses left their

homes at an age when they would have learned most and have lost the art of good house-keeping. As a matter of fact, if other training schools are like mine, we are moulded into taking the attitude that housekeeping is a menial job and far below a nurse's social status. When that unworthy attitude is discarded and nurses-in-training are taught how to cook patients' meals and also meals for the patient's husband and child, and how to order supplies for a home, then we shall all be better private nurses. In the meantime, however, do not let anyone say that practical nurses are better nurses, or are more humane, kinder or more sympathetic than are graduate nurses.

S.A.O.,
Alberta.



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Book Reviews

TEACHING IN SCHOOLS OF NURSING, by Alice M. Jackson, M.A. (Cantab.), B.A. (Lond.); and Katharine F. Armstrong, D.N. (Lond.), S.R.N., Sister-tutor at King's College Hospital, London. With an introduction by Cyril L. Burt, M.A., D.Sc. (Oxon), Professor of Psychology, University College, London. 248 pages. Price six shillings. Faber and Faber, Ltd., 24 Russell Square, London, W.C. 1.

"The growth of knowledge is from the particular to the general, from the incomplete to the more complete, from the vague to the definite, and from the concrete to the abstract." Manifestly this quotation embodies the doctrine of the authors of this new contribution to nursing literature. They display keen appreciation of the needs of all those responsible for teaching nurses and great skill in showing how those needs may be supplied. This book is in two sections; in the first, Miss Jackson lays emphasis on the psychological approach to learning and teaching. These principles she has applied to nursing with consummate skill because she has avoided technicalities and has interpreted, in the light of their every-day job, what has been to many nurses just dry general psychology. The chapter on interest and attention demonstrates our point: in showing how these two processes dove-tail, Miss Jackson emphasizes the position they occupy in the teaching and learning methods and challenges the ward-sister and the sister-tutor, to try to discover the pupil's interests and to nurture these by providing suitable environment for their growth. In the event of inattention, she asks what causes it. Fatigue? Ill health? Is the tutor guilty of failing to arouse interest because the presented material bears no relation

to practical experience? Is the presentation boring with useless repetition, or (this we feel touches the quick) has the tutor failed to stress those unattractive bits of learning which are the very means whereby the pupil's imagination is stirred? For example, it is via the difficult anatomical terms that the pupil learns the wonders of the human body. The privilege of the tutor is to keep the flame of the desire for knowledge aglow by a sympathy which does, in part, itself create interest. This chapter, while intended to show the practical application of two interdependent mental processes, reveals a subtle diagnosis and a splendid prescription. In the second part, Miss Armstrong presents the curriculum as based on the syllabus of the General Nursing Council and suggests ways and means for its successful teaching. She also stresses principles that are universally applicable, such as the introduction of elementary science before the teaching of anatomy and physiology and the importance of the loyalty and understanding that should exist between sister-tutors and ward-sisters. Especially did we like her reminder that a sister-tutor should have wide and accurate knowledge of her subject matter and bring a critical analysis to her preparation in order to determine what is really essential; also her recognition of the ward-sister's unique position as a teacher, and the plea that she be given time to teach properly. The most erudite pedagogue of nursing, and the young sister beginning the adventure, are alike greatly in the debt of Miss Jackson and Miss Armstrong.

NORENA MACKENZIE,
Assistant Instructor of Nurses,
Montreal General Hospital

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Legal Enactments

Among the routine annual work at the National Office of the Canadian Nurses Association is the revision of information in reference to laws and regulations governing the registration of nurses in Canada. Recently, with the aid of the provincial registrars, the current revision was completed. Some time ago a study of application forms for provincial registration was made in order to learn the possibility of drafting a uniform simplified form of registration for use in cases of reciprocity between the provinces, pending the inauguration of Dominion Registration. This study showed that the existing difficulties of inter-provincial reciprocal registration could not be eliminated until there is more uniformity in minimum educational requirements and in curricula in schools of nursing throughout Canada. The recent revision of laws and regulations on registration shows that several provinces have raised the standard of preliminary educational requirements of applicants to schools of nursing. Also, the preparation of a minimum standard curriculum is progressing under the direction of the Central Curriculum Committee of the Nursing Education Section, C.N.A. Therefore, it is anticipated that inter-provincial reciprocal registration difficulties may be eliminated within a year or two.

Educational Requirements

A brief resumé of preliminary educational requirements as now in force in each province has been prepared:

In *Alberta* all applicants to schools of nursing must satisfy the Senate of the University of Alberta that they have passed the Grade XI Examinations of the Department of Education of the Province

or have the equivalent educational standing.

In *British Columbia* the regulations require Junior Matriculation standing of all applicants to schools of nursing.

In *Manitoba* the standard of attainment in general education must be equal to Grade X or its equivalent as approved by the University of Manitoba.

In *New Brunswick* Junior Matriculation (Grade XI) standing is required.

In *Nova Scotia* the present requirement is Grade X but after October 31, 1936, Junior Matriculation, Grade XI, will be demanded.

In *Ontario* two years high school work or a satisfactory equivalent is required.

In *Prince Edward Island* applicants must have obtained Junior Matriculation standing.

In *Quebec* three years high school, or its equivalent, is necessary.

In *Saskatchewan* recent amendments to the Regulations Governing Hospitals require as academic qualifications for admission of student nurses Grade XI or its equivalent as recognized by the Department of Education. This amendment is to come into force on January 1, 1936.

Forthcoming Meetings

At a meeting of the Executive Committee of the Canadian Nurses Association, held in Regina, on March 23, the dates of the eighteenth General Meeting of the Association were set for June 29 to July 4, 1936. The meeting is to be held in Vancouver, B.C. Annual meetings of Provincial Associations of Registered Nurses to be held in April 1935, are:

British Columbia: in Vancouver, on April 22 and 23.

Ontario: in Hamilton, at the Royal Connaught Hotel, April 25, 26 and 27.

Saskatchewan: in Saskatoon, April 25 and 26.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: The Edmonton division of the nursing education section has, during the past few months, conducted a programme of outstanding value and interest. The meetings were held in turn in the University Hospital, the Royal Alexandra, the Edmonton General Hospital and the Misericordia Hospital. The topics included the following: 1. Newer treatments: (a) Care of the newborn during the first twelve hours of life; (b) Hydrating fluid feedings for infants. 2. Treatment of chorea with typhoid vaccine. 3. Orthopaedic treatments: (a) Poliomyelitis during the active period; (b) Poliomyelitis treatment during convalescent and orthopaedic period when a visit was made to the swimming pool of the University Hospital. 4. Newer dietary treatments: (a) Nutrition clinic for pre- and post-natal cases; (b) Diabetic treatment. 5. "A History of Nursing Pageant." 6. The newer drugs. In April the programme will provide for a discussion of the report of Curriculum Committee of the Canadian Nurses Association, and case studies will be presented by students from various schools of nursing.

EDMONTON: The Misericordia Hospital Alumnae Association entertained Miss Cecelia MacAnally at a farewell party held in her honor on February 25. A popular member of the hospital staff for the past three years, Miss MacAnally will shortly take up residence at Berwyn. Bridge prizes were drawn for, and Miss C. MacAnally and Miss S. Dumas were the lucky winners. A meeting of the association was held recently when the following officers were elected for 1935: Honorary president, Rev. Sister Superior; president, Miss E. Redge; vice-president, Sister Ste. Christine; secretary, Miss L. Miller; treasurer, Miss A. McMillan; social convener, Miss A. Swaboda; press representative, Miss H. Kelley; nominating committee, Sister Ste. Christine.

MEDICINE HAT: The annual meeting of the Medicine Hat Graduate Nurses Association was held recently and much satisfaction was evinced when the reports were read and Mrs. Keohane, the president, gave a resumé of the year's activities. Mrs. Keohane was re-elected to the presidency with the following executive: first vice-president, Mrs. Crockford; second vice-president, Miss May Reid; secretary, Miss Crandall; treasurer, Miss F. Smith; committee conveners: mem-

bership, Miss C. Walker; flower, Mrs. W. Fraser; private duty, Mrs. C. Pickering; visiting, Mrs. W. Fraser; correspondent to *The Canadian Nurse*, Miss M. Hagerman. A special meeting was called to hear Miss Charlotte Maberley, president of the Group Nursing Society, Calgary, explain the plan and show what had already been accomplished in Calgary by the society. Mrs. Keohane, Mrs. Pickering and Mrs. Fraser were hostesses.

BRITISH COLUMBIA

NELSON: A meeting of the Nelson Graduate Nurses Association was held recently at the Kootenay Lake General Hospital. The guest speaker was Miss Laura Holland, who gave an interesting address on child welfare work. She also gave an outline of what nurses in the province were doing, and what it would be advisable for them to do, in connection with the proposed compulsory health insurance, and warned her hearers that it was the duty of every member of the profession to take part in the work. The meeting was conducted by Miss Vera B. Eidt, president of the association.

NEW BRUNSWICK

SAINT JOHN: A meeting of the Saint John Chapter N.B.A.R.N. took place on February 18, when an excellent lecture was given by Dr. V. D. Davidson on "Bad surgical risks."

SAINT JOHN: A series of bridges are being conducted to raise funds for a tennis court for the Saint John General Hospital. Miss M. Murdoch, superintendent of nurses, and Miss H. Wetmore are conveners.

SAINT JOHN: A well attended meeting of St. Joseph's Hospital Alumnae Association was held recently. The members of the 1935 class held an enjoyable bridge, the proceeds of which are to be used for furnishings in the nurses home.

MONCTON: A meeting of the Moncton Chapter of the N.B.A.R.N. was held recently when Professor Fraser of Mt. Allison University gave an interesting talk on "The strength of the nurse." The local chapter recently held a bridge when about \$25.00 was realized.

ST. STEPHEN: A meeting of St. Stephen Local Chapter was held recently when a discussion took place on eight-hour duty. A recommendation was sent to the Executive Committee of the N.B.A.R.N. suggesting that this subject be discussed at the annual meet-

ing. Five dollars was voted to the Nightingale Memorial Fund. Twenty-five members remained to enjoy a supper bridge and an invitation was received from Miss M. Butler to hold a party at her home. However, owing to a severe storm, the party had to be held in the Rotary Club Rooms and proved very enjoyable. Sympathy is extended to Miss G. Hughes, in the death of her nephew and also to Mrs. R. Mallory (née Edna Walters) in the death of her infant son.

WOODSTOCK: A successful dance was held recently under the auspices of the Alumnae Association of the L. P. Fisher Memorial Hospital. About eighty couples were present and a substantial sum of money was realized.

NOVA SCOTIA

HALIFAX: The Halifax Branch of the Registered Nurses Association of Nova Scotia recently had the privilege of an address by Dr. Wilson, of Dalhousie University, who spoke on his travels in Russia. He was assisted by Professor Adshead, also of Dalhousie, who exhibited lantern slides which were taken on this journey. A meeting of the executive committee of the R.N.A.N.S. was held recently. There was an excellent attendance, most of the outside branches being represented. The branch is giving a refresher course, which is open to all graduate nurses for a small fee. Unemployed nurses have been invited to attend free of charge. The programme has been arranged as follows: "Essentials of nutrition", by Miss Ellen Todd, dietitian at Victoria General Hospital, Halifax and on the same evening, Miss Steele, supervisor of the Halifax Branch of the V.O.N., spoke on "Some food problems in homes." During March, Dr. J. W. Merritt spoke on "Metabolism"; Dr. Gerald Burns on "Nephritis"; Dr. Clyde Holland on "Diabetes", and Dr. J. W. Reid on "Diet in some gastrointestinal disorders." On April 1, Dr. Ian Macdonald speaks on "Weight regulation—fads and facts."

ONTARIO DISTRICT 1

LONDON: A meeting of the Ontario Hospital Alumnae Association was held recently with Miss N. Williams presiding; she was appointed to work with city groups regarding private duty organization of which Miss Madeline Baker (St. Joseph's Hospital) is the general convener. It was decided to again donate \$50.00 to the Nightingale Memorial Foundation. The members are deeply interested in the fund, as Miss Mary L. Jacobs, superintendent of nurses at the Ontario Hospital, is a member of The British College of

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Nurses. Refreshments were served by the hostess, Mrs. W. Soutar, assisted by Misses F. Ball and M. Stapleton. Miss Adeline Evans (Victoria Hospital, 1933) has been appointed head nurse in the obstetrical department of the Sarnia General Hospital.

WINDSOR: At the annual meeting of the Alumnae Association of the Hôtel-Dieu Hospital it was decided to establish a scholarship fund of five hundred dollars, to be raised in various ways during the year. Miss LeBlanc, Miss McCutcheon and Miss Hoy of the Public Health Department, Windsor, recently attended the refresher course for supervisors offered under the auspices of the School of Nursing of Toronto University.

DISTRICTS 2 AND 3

LISTOWEL: A new organization came into being recently when the Registered Nurses met to form the Graduate Nurses Association of Listowel. The membership includes inactive as well as active members of the nursing profession, and will fill a long-felt need. Miss Anne MacMillan, superintendent of the Memorial Hospital, acted as hostess and the following officers were elected: President, Mrs. T. G. Anderson; vice-president, Miss F. Urquhart; secretary-treasurer, Mrs. D. Lucas; social directress, Miss B. Hood.

STRATFORD: The winter meeting of Districts 2 and 3, R.N.A.O., was held at the Stratford General Hospital recently, when Dr. David Smith, president of the Stratford Medical Association, addressed one hundred nurses and stressed vital points worth remembering from the standpoint of the superintendent's responsibility and the duties of the staff of the hospital towards nurses in training. The appreciation of the meeting was conveyed to Dr. Smith on motion of Miss C. Murphy and Miss J. E. Watson. Representatives were in attendance from Woodstock, Kitchener, Elmira, Guelph, Brantford, Galt, Waterloo, Listowel and Stratford. The visiting nurses were guests of the Stratford General Hospital and the Alumnae Association.

BRANTFORD: The alumnae association of the Brantford General Hospital recently entertained the Florence Nightingale Club, both groups being well represented. The association held a tea recently, the proceeds going to aid the Blanche Neff Ward and the permanent education fund. Miss Jessie Gibson was a recent guest at the Brantford General Hospital; she was assistant superintendent for seven years. Miss D. H. Arnold, teacher and supervisor of practical nursing, Miss G. V. Westbrook, supervisor of the children's department,

and Miss C. E. Jackson, director of nurse education of the Brantford General Hospital recently attended the refresher course at School of Nursing of the University of Toronto, and presented interesting papers. Dr. J. H. Holbrook, of the Mountain Sanatorium, Hamilton, recently addressed a staff conference on tuberculosis among student nurses. The following week Dr. C. C. Alexander, Brant Sanatorium, spoke on tuberculosis in the community. Both addresses were much enjoyed.

DISTRICT 5

MIDLAND: St. Andrew's Hospital, Midland, has been undergoing a series of changes in the nursing staff. Miss Vivian Lamb, who was night supervisor for five years, was married to Mr. Maurice Soden. Miss Ida Blair, of Orillia, who for five years was assistant superintendent, married Mr. Otto McMahon. Miss Jean Tannahill has accepted the position as assistant superintendent, and Miss Bessie Faint as night supervisor.

DISTRICT 6

PETERBOROUGH: Chapter C, District 6, held a meeting recently with our new president, Mrs. La-Plante, presiding. A refreshing and instructive talk was given us by Mr. Piper on "Canadian Poetry." The officers for the coming year are: chairman, Mrs. La-Plante; vice-chairman, Mrs. Leeson; secretary-treasurer, Miss A. Price; nursing education, Miss Walsh; membership convener, Miss Anderson; private duty convener, Mrs. Hickey; publication councillor, Miss S. Armstrong; programme committee, Misses A. Dobbin and L. Stewart; nominating committee, Miss Lauder.

PETERBOROUGH: The Nicholls Hospital Alumnae Association recently held their annual bridge with a large attendance; the proceeds are to be used for supplying hospital equipment.

DISTRICT 9

TIMMINS: Miss H. E. Smith attended a meeting of the Timmins nurses on February 4 and organized a Chapter of the R.N.A.O., which will include the nurses of Timmins, South Porcupine and Dome. This is the fifth Chapter to organize in District 9 since January 1931. The district Chapters are holding their annual meeting in April; the present officers will carry on until June and the new officers will take office at the commencement of the fall term.

GRAVENHURST: The Gravenhurst Chapter R.N.A.O., held a successful bridge and dance on February 14. The tables were placed together in banquet fashion and a most enjoyable time was spent.

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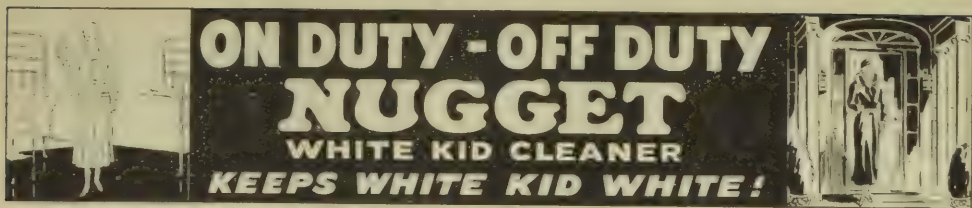
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DISTRICT 10

PORT ARTHUR: A meeting of District 10 of the R.N.A.O. was held in the Port Arthur General Hospital recently. Owing to the absence of the president, Miss V. Lovelace, the chair was taken by the vice-president, Miss Hamilton. The occasion took the form of a public health meeting and papers were given on school nursing by Miss Hubman, of Fort William, and Miss Hamilton. Extracts from a paper delivered by Dame Janet Campbell during her visit to Canada were read. Miss Hamilton, who attended the Board of Directors meeting in Toronto, gave her report. A social hour was enjoyed when refreshments were served by nurses of the hospital.

FORT WILLIAM: Miss Mary Lowe, graduate of the McKellar Hospital, Fort William, is taking a three-year course at The Toronto Bible College. Miss Betty Bull (McKellar Hospital, Fort William) has completed post-graduate courses in obstetrics and gynecology at the Royal Victoria Hospital, Montreal, and is now on the staff of the Verdun Protestant Hospital.

PORT ARTHUR: The St. Joseph's Alumnae Association Valentine Bridge was very successful. Receiving the guests were Miss Lammien, president of the association, and Miss Hamilton.

MARRIED: On December 17, 1934, Miss Mary Louise Livingston (McKellar Hospital, Fort William), to Mr. Frederick Godfrey Stafford.

QUEBEC

MONTREAL: CHILDREN'S MEMORIAL HOSPITAL: The Alumnae Association of the C. M.H. gave a delightful tea at the hospital on

March 2 in honour of Miss A. S. Kinder, Lady Superintendent, who resigned early in the new year, at which the staff presented her with a handsome travelling bag. Miss A. S. Kinder was "at home" to the Graduate Staff of the C.M.H. on March 5 when dancing and bridge were greatly enjoyed. The regular meeting took the form of a progressive game party. A small fee was charged so as to increase the scholarship fund. A new ward of thirty-one beds, for cardiac patients, was opened recently, with Miss C. McIntosh (C. M.H., 1931), in charge.

MONTREAL: ROYAL VICTORIA HOSPITAL: The monthly meeting of the Alumnae Association was held on February 13, when Sir Andrew MacPhail gave an interesting address on "Nurses I have known."

MARRIED: On February 9, 1935, Miss Ella Van Allen (R.V.H., 1921), to Mr. Fred V. Winters.

SASKATCHEWAN

REGINA: At a recent meeting of the Alumnae Association of the Grey Nuns Hospital there was an attendance of twenty-six members. Father Gondeau was the guest speaker, and the sum of \$100.00 was voted for the nurses' relief fund, \$10.00 to the Nightingale Memorial Fund and \$10.00 to the Local Council of Women Milk Fund. A bridge tournament, sponsored by the association and convened by Mrs. G. Lewis (G.N.H., 1923), earned \$135.00 for the relief fund. Dr. Middleton, director of the department of communicable diseases in the Provincial Department of Health, addressed the March meeting, which took the form of a banquet at the Grey Nuns Hospital.

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IN THE NEWS

A National Conference

The National Conference of the Canadian Public Health Association, the Canadian Tuberculosis Association and the Canadian Social Hygiene Council will be held at the Royal York Hotel, Toronto, from June 3 to 5 inclusive. The section of public health nursing, under the chairmanship of Miss Elizabeth Smellie, C.B.E., is planning a programme which is certain to be of interest to all nurses.

Among the speaking visitors expected are Surgeon General Cumming of the United States Public Health Service; Dr. E. L. Bishop, Commissioner of Health for the State of Tennessee and President of the American Public Health Association; Dr. C. L. Scamman, Director of the Division of Public Health of the Commonwealth Fund; and Dr. John A. Ferrell, of the International Health Division of the Rockefeller Foundation. There will be nine section meetings of the Canadian Public Health Association. Each of the following sections of the Canadian Public Health Association will provide one or more of the morning sessions: Public Health Engineering, Laboratory, Epidemiology and Vital Statistics, Public Health Nursing, Industrial Hygiene, Mental and Social Hygiene. Clinical and formal sessions of the Canadian Tuberculosis Association are being planned for each morning.

A New Appointment

After fourteen years of service in the Department of Public Health, of the city of Toronto, Miss Mary B. Millman is resigning her position in order to become a member of the teaching staff of the School of Nursing of Toronto University. Very well known in Toronto, Miss Millman needs no introduction to readers in any part of Canada for she will be remembered for her fine staff work as convener of the committee on arrangements at the Biennial Meeting. She brings to her new post many qualities which will be valuable in dealing with students, notably an excellent grasp of the principles and methods of supervision. Miss Millman holds the degree of Bachelor of Arts of the University of Toronto and is a graduate of the School of Nursing of Bellevue Hospital, New York. She had considerable experience in social settlement work and has rendered sterling service as president of the Registered Nurses Association



MISS MARY MILLMAN

of Ontario as well as taking an active part in committee work of all kinds. Her many friends will wish Miss Millman every success in her new task.

A Fine Record

Much to the regret of all who have been associated with her, Miss Annie S. Kinder has resigned her position as superintendent of nurses in the Children's Memorial Hospital, in Montreal. The Board of Directors, her staff and her pupils have all expressed to her the high regard in which she is held. During her period of service the hospital has developed into one of the finest institutions of its kind in the country. While the building up of a nursing service was Miss Kinder's chief interest she never forgot her responsibilities as a teacher of nurses and, even though it entailed personal sacrifice on her part, she displayed both foresight and courage when the school of nursing on which she had spent so much energy was discontinued and the educational opportunities of the hospital were made available for affiliating and postgraduate students. The best wishes of her colleagues and her other friends will follow Miss Kinder in any task which she may undertake in the future.

OVERSEAS NURSING SISTERS ASSOCIATION

HAMILTON UNIT: Miss M. Cowan presided at the annual dinner of the Hamilton Unit of the Overseas Nursing Sisters Association, held recently. Rev. Dr. Kilpatrick delivered one of his characteristically witty and stirring addresses. Lieut.-Col. D. P. Kappele was unavoidably absent and Mr. R. A. C. Hogarth ably filled in, telling his audience interesting items regarding the 1936 Vimy pilgrimage. Miss Cowan proposed the toast to The King and Miss G. Walker proposed the silent toast to departed members. To Miss Rayside, a beloved comrade, Miss R. Galloway proposed the toast and Miss Williams proposed the toast to "Our Guests", Miss Hamilton, of Toronto, gracefully responding. Those at the head table were: Misses Cowan, Boyd, Galloway, Hamilton, Long, Chisholm, Williams, Walker, King, Foster, Mrs. Turner, Mrs. Gillespie, Dr. Kilpatrick and Mr. Hogarth.

TORONTO UNIT: An enjoyable tea was given on February 23 by the Toronto unit, at the home of Dr. V. Silverthorn. The guests numbered more than one hundred. Miss Laura Gamble (president), Miss Hartley, Miss Hamilton and Mrs. Driver, sister of the hostess, assisted. Mesdames Scott, Hart, Henson and Bell presided at the tea table and were assisted by Mrs. C. W. MacQueen (con-

venor), Mrs. Heakes, Mrs. Collier, Mrs. Mills, Mrs. Humphrey, Miss Hill, Mrs. James, Mrs. McDougall, Miss Farr and Miss Monk.

VANCOUVER UNIT: Mrs. J. B. Rose was recently elected president of the Vancouver Unit Overseas Nursing Sisters Association, other new officers being: vice-president, Miss H. H. Rice; secretary-treasurer, Mrs. J. M. Brough; executive committee, Mrs. A. E. Cunningham, Mrs. Slevin and Miss H. Stark; convener of social committee, Mrs. George Stead; convener of membership committee, Miss Dorothy Jefferson, press representative, Miss Jane Johnston. The retiring president, Miss Laura Holland, C.B.E., A.R.R.C., gave a report of the activities of the year, especially stressing the increase of out-of-town members and the interest of those who, unable to attend meetings, still feel the association the only tie with overseas days. Reports were read by the secretary-treasurer, showing a membership of sixty-seven. The guest speaker, Mr. McNicol, provincial secretary of the Canadian Legion B.E.S.L., gave an interesting talk on the work of the Canadian Legion, inviting the association to take out a charter. Refreshments were served, Mrs. B. Heyer and Mrs. King Brown presiding.

OBITUARY

CUMMINS—At Braeside, London, on December 14, 1934, Mrs. W. Cummins (Lady Smith), a graduate of Victoria Hospital School of Nursing, London, class of 1902. Mrs. Cummins was a life member of her Alumnae Association and served it as secretary-treasurer for ten years. She joined the Graduate Nurses Association of Ontario in 1910 and was a member until her death. Mrs. Cummins was an ardent supporter of all nursing activities, although she has not been in active practice since 1908. Her passing will be deeply regretted by her many friends.

HISCOCKS—A great loss has been sustained by the nursing profession in the death, which occurred recently, of Miss Gladys

Hiscocks, a graduate of St. John's Hospital, Toronto. Having taken the course in teaching and administration at the School for Graduate Nurses of McGill University, Montreal, she accepted the position of instructor of nursing in the Grant Macdonald Training School, in connection with the Toronto Hospital for Incurables, where she was at the time of her death; she also assisted on the teaching staff of the Toronto General Hospital. In 1928 she went abroad on a Rockefeller Foundation Scholarship, and upon her return was connected with the course in instruction and administration at the School of Nursing of the University of Toronto. Failing health compelled her to relinquish many of her duties, her last work having been done at the Toronto Hospital for Consumptives, Weston, where,

as always, she endeared herself to students and colleagues alike. Her interest in the welfare of the individual nurse, and in the nursing group at large, was very real, and her passing is keenly felt by all who were privileged to be closely associated with her. All who were her pupils, those who worked with her, and those who ministered to her in her long weeks of suffering, alike pay tribute to the greatness of soul and breath of vision of a noble woman, whose removal leaves the world poorer. They feel that perhaps "in some larger room" she still is working towards the fruition of much she held dear.

WILSON—On February 18, 1935, at her home in Whonnock, B.C., Frederica Wilson entered into rest. She was a graduate of the School of Nursing of the Winnipeg General Hospital and, after holding several staff positions, rendered outstanding service for several years to that institution in the capacity of superintendent of nurses. She was an able administrator and also an excellent teacher, especially of the arts and skills of bedside nursing. At a time when the school was passing through a phase of active expansion and growth she guided its development with intelligence, tact and charm. Miss Wilson was ardently devoted to outdoor life and, following retirement from her position at the Winnipeg General Hospital, purchased a small ranch at Whonnock which gave her infinite pleasure until the outbreak of the War recalled her to the practice of nursing. In July 1915, Miss Wilson was appointed Matron of No. 5 British Columbia Hospital Unit and after remaining in London for a time was assigned to West Cliff Hospital, Folkestone, until she left with other members of the Unit for the east, arriving in Cairo two days before Christmas. After six weeks of active service there the Unit was transferred to Salonika. In 1917 Miss Wilson suffered a breakdown in health and was transferred to



MISS FREDERICA WILSON

England and appointed Matron of West Cliff Hospital; later she was then sent to France as Matron of No. 2 General Hospital, Le Tréport. In 1919 she was transferred to Canada and served as Matron of the military hospital in Calgary prior to her discharge from the C.A.M.C. While in Salonika she was awarded the Royal Red Cross (first-class) with which she was invested at Buckingham Palace after her return to England. As soon as she was released from her military duties she returned to her ranch and, until she met with a severe accident several months ago, led the outdoor life she so greatly enjoyed. Miss Wilson will be deeply regretted by nursing colleagues and by her overseas comrades and will be remembered with gratitude and affection by the many students in whom she awakened a keen appreciation of the difficult and beautiful art of nursing.

*Ranged in a quiet place we see
Their mighty ranks contain
Figures too great for victory,
Hearts too unspoiled for gain.
To us who still do battle here,
If we in aught prevail,
Grant Lord a victory not too great
Or strength like theirs to fail.*

... OFF ... DUTY ...

The climate of Montreal . . . being what it is . . . we daily spread a table . . . all last winter . . . out on our eyebrow of a balcony . . . for uncounted sparrows . . . and three grackles . . . We come honestly by our interest in birds . . . because one of our not very remote ancestors . . . was a knowledgeable man . . . when the folk ways of gulls were in question . . . Not long ago . . . in an English periodical . . . we saw him quoted as "still an authority" . . . Then we remembered a favorite story of his . . . about a gentleman who kept quite an aviary . . . of tropical birds . . . and taught them to do all sorts of amusing tricks . . . in the performance of which they evidently took quite a pride . . . One little dun-coloured bird, however, was modest and retiring . . . not to say sulky . . . while these performances were being given . . . by his more gifted and gaudy associates . . . The kindly gentleman noticed this . . . and took special pains . . . to encourage him . . . but the only response was that the bird . . . disdainfully fluffed out his feathers . . . in such a fashion . . . as to look just like a miniature owl . . . However, as time went on . . . after the other birds has been put through their paces . . . for the benefit of admiring visitors . . . the gentleman would say to the discouraged one . . . "Do your little owl, my dear" . . . and he would promptly respond . . . evidently with a sense of happy accomplishment . . . which restored his self-respect . . . and assuaged his inferiority complex . . . We think there was a moral hidden in this story . . . but we have forgotten what it was . . . Nevertheless we can still hear . . . that kind deep voice saying . . . "Do your little owl, my dear" . . . Now we must get back to our three grackles . . . we diagnosed them as an old married couple . . . and a bachelor uncle . . . who watched their marital bickerings . . . with a cynical interest . . . not unmixed with envy . . . They always came for meals together . . . but would fly away if one dared to spy on them . . . from behind the window curtains . . . One fine Sunday however . . . the window was wide open . . . and the three were perched on the balcony rail . . . gorged to repletion . . . on some lovely mutton fat . . . They were so near that we could have put out our hand . . . and touched the shining feathers . . . but we did not stir . . . The wild bright eyes looked at us . . . and for a moment . . . there was no fear in them . . . then there was a flash of wings . . . and they were gone . . . Now the days are growing milder . . . and our hospitality is scorned . . . except by the bachelor uncle . . . who still looks us up occasionally . . . especially on chilly mornings . . . and recalls us to a sense of duty . . . by darting up and down in front of the window . . . if his wooden bowl is empty . . . However we fear that even he . . . will soon desert us . . . In fact we thought we saw him . . . the other morning . . . in full flight . . . with a long straw in his beak . . . His winter companions were not with him . . . but he was not alone . . . Something tells us we may have to "do our little owl" . . . next winter by laying in an extra supply . . . of mutton fat . . . especially on cold mornings . . .

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Second Vice-President.....Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary.....Miss Elsie Wilson, 668 Bannatyne Ave., Winnipeg, Man.
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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellow's Bldg., Calgary; (4) Miss J. Clow, 229-8th Ave. N.W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (2) Miss L. Mitchell, Royal Jubilee Hospital, Victoria; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg; (2) Miss G. Thompson, 753 Wolsley Ave., Winnipeg; (3) Miss C. Maddin, 753 Wolsley Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Lenta G. Hall, Victorian Order of Nurses, Halifax; (2) Miss H. Jonesas, Victoria General Hospital, Halifax; (3) Miss M. O. Gray, New Glasgow; (4) Miss C. MacLean, 97 South Kline St. Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; **VICE-CHAIRMAN:** Miss Constance Brewster, General Hospital, Hamilton; **SECRETARY:** Miss Nora Nagle, Royal Victoria Hospital, Montreal; **TREASURER:** Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS: **Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba:** Miss G. Thompson, 753 Wolsley Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu, Campbellton. **Nova Scotia:** Miss H. Jonesas, Victoria General Hospital, Halifax. **Ontario:** Miss S. M. Jamieson, R.R. 1, Brantford. **Prince Edward Island:** Miss F. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Edith Buchanan, Royal Victoria Hospital, Montreal. **Saskatchewan:** Miss Annie Lawrie, General Hospital, Regina.

PRIVATE DUTY SECTION

CHAIRMAN: Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; **VICE-CHAIRMAN:** Miss Jean L. Church, 120 Strathcona Ave., Ottawa; **SECRETARY-TREASURER:** Miss Helen Wills, 2840 Robinson St., Regina.

COUNCILLORS: **Alberta:** Miss J. Clow, 229-8th Ave. N.W., Calgary. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Manitoba:**

Ontario: (1) Miss Majorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, R.R. 1, Brantford; (3) Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss Dorothy McKenna, Summerside; (4) Miss M. Gamble, 51 Ambrose St. Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss Edith Buchanan, Royal Victoria Hospital, Montreal; (3) Miss Esther M. Lewis, 1246 Bishop St. Montreal; (4)

Saskatchewan: (1) Miss Edith Amas, City Hospital, Saskatoon; (2) Miss Annie Lawrie, General Hospital, Regina; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs., Regina; (4) Miss Helen Wills, 2840 Robinson St., Regina.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; **PUBLIC HEALTH:** Miss A. E. Wells, Dept. of Health, Legislative Bldgs., Winnipeg; **PRIVATE DUTY:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

Miss P. Brownell, 215 Chestnut St., Winnipeg. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss C. MacLean, 97 South Kline St., Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:**

Saskatchewan: Miss Helen Wills, 2840 Robinson St., Regina. **CONVENER OF PUBLICATIONS:** Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldgs., Winnipeg; **VICE-CHAIRMAN:** Miss M. Kerr, 946 20th Ave. W., Vancouver; **SECRETARY-TREASURER:** Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss A. A. McKee, 203 Oddfellow's Bldg., Calgary. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss C. Maddin, 753 Wolsley Ave., Winnipeg. **New Brunswick:** Miss Ida Burns, Health Centre, Saint John. **Nova Scotia:** Miss M. O. Gray, New Glasgow. **Ontario:** Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton. **Prince Edward Island:** Miss Dorothy McKenna, Summerside. **Quebec:** Miss Esther M. Lewis, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeny, Dept. of Health, Parliament Bldgs., Regina.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, Central Alberta Sanatorium, Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Nursing Education:* Miss J. A. Connal, General Hospital, Calgary; *Private Duty:* Miss J. C. Clow, 229-8th Ave. N.W., Calgary; *Public Health:* Miss A. A. McKee, 206 Oddfellow Bldg., Calgary.

BRITISH COLUMBIA

Graduate Nurses Association of British Columbia

President, M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 520 Vancouver Block, Vancouver; Secretary, M. Kerr, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education:* L. Mitchell, Royal Jubilee Hospital, Victoria; *Public Health:* M. Duffield, 175 Broadway East, Vancouver; *Private Duty:* Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria; *Councillors:* M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Elsie Wilson, Central T.B. Clinic; First Vice-President, Miss S. Wright; Second Vice-President, Miss E. Parker; Third Vice-President, Sister Mary Charles; Members of Board: Miss C. Macleod, Miss G. Johnson, Miss H. Tregear, Miss J. Houston, Miss E. Fraser, Miss K. W. Ellis, Miss E. Robertson, Sister Krause; *Conveners of Sections: Public Health,* Miss C. Maddin, 753 Wolseley Ave.; *Private Duty,* Miss Pearl Brownell, 215 Chestnut St.; *Nursing Education,* Miss G. Thompson, 753 Wolseley Ave.; *Committee Conveners: Social,* Miss S. J. Roberts, Deer Lodge Hospital; Visiting, Miss L. Kelly, 753 Wolseley Ave.; Membership, Miss H. Steadman, 510 Medical Arts Bldg.; Directory, Miss K. McCallum, 181 Enfield Crescent, Norwood; Legislative, Miss K. W. Ellis, Winnipeg General Hospital; Press and Publications, Miss E. Banks, 64 St. Cross St.; Library, Office Staff, 510 Medical Arts Bldg.; *Representatives:* Local Council of Women, Mrs. A. C. McFetridge, 71 Cambridge St., Miss M. Black; Central Council of Social Agencies, Miss F. Robertson, 753 Wolseley Ave., Miss J. McDonald, Mrs. W. Thomas; Victorian Order of Nurses, Miss E. Russell, Legislative Bldg.; Junior Red Cross, Miss R. Dickie, 103 Chestnut St.; Red Cross Enrolment, Miss N. O'Shaughnessy, Dept. of Health, Winnipeg; Secretary, Mrs. Stella Gordon Kerr, Ste. 5, 217 Sherbrooke St. W., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandorser; Second Vice-President, Mrs. A. G. Woodcock; Honorary Secretary, Rev. Sister Kenny; *Conveners: Nursing Education Section,* Rev. Sister Kerr; *Private Duty Section,* Miss Mabel McMullen; *Public Health Section,* Miss Ada Burns; Constitution and By-laws Committee, Miss S. E. Brophy; *Councillors:* Miss Margaret Murdoch, Miss Grace A. K. Moffat, Miss Myrtle Kay, Miss Elsie M. Tulloch; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Miss Sarah Archard, Victoria General Hospital, Halifax; Second Vice-President, Miss Anna Hilcoat, Amherst; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, 7 Queens Park Cres., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nurse Education Section,* Miss S. Margaret Jamieson, R.R. No. 1, Brantford; *Private Duty Section,* Miss J. L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section,* Mrs. Agnes Haygarth, 19 Dromore Cres., Westdale, Hamilton; *District No. 1:* Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss P. Schurter, 338 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss Florence Kudoba, General Hospital, Stratford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Beatrice Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Isabelle Park, 1348 Yonge St., Toronto; *District No. 6:* Chairman, Miss Florence Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss Marguerite Fitzgerald, 174 Dufferin Ave., Belleville; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; Secretary, Miss A. G. Tanner, Ottawa, Civic Hospital, Ottawa; Treasurer, Miss Mary Acland, Strathcona Hospital, Ottawa; *District No. 9:* Chairman, Miss Elizabeth Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *District No. 10:* Chairman, Miss Vera Lovelace, 3 Wilely Rd., Port Arthur; Secretary-Treasurer, Miss Thelma Graham, 222 Cooke St., Port Arthur.

District No. 1, Registered Nurses Association of Ontario

Chairman, Miss M. Walker; Vice-Chairman, Miss M. Hoy; Secretary-Treasurer, Miss P. Schurter, 338 Princess Ave., London; *Committee Conveners: Nursing Education,* Miss D. Thomas; *Private Duty,* Miss M. Baker; *Public Health,* Miss M. Chambers; Permanent Education Fund, Mrs. Hedley Smith; Membership, Miss G. Versey; Publications, Miss E. Kennedy; *Councillors:* Misses R. Rountt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin and Mrs. Malone.

District No. 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss A. E. Bingeman; Vice-Chairman, Miss H. L. Potts; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K. Charney, A. M. Cook, L. Ferguson, A. MacDonald, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education,* Miss Z. M. Hamilton; *Private Duty:* Miss M. Davidson; *Public Health,* Mrs. J. M. Mitchell.

District No. 8 Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss M. E. Acland; Strathcona Hospital, Ottawa; Treasurer, Miss M. J. Lutton; *Councillors:* Misses K. Bayley, M. Hall, M. Moorhead, M. MacLaren, M. Slinn, M. B. Thompson; *Committee Conveners: Membership,* Miss G. Clarke; Publications, Miss E. McIlraith; *Nursing Education,* Miss E. McIlraith; *Private Duty,* Miss M. Hewitt; *Public Health,* Miss H. O'Meara.

District No. 9 Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Rev. Sister Fidelis, Miss Mina Careon, Miss H. Jordan, Miss H. Atkinson, Miss G. Rowden, Rev. Sister Felicitas.

District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Mrs. W. J. Burney; Ardeen Gold Mines, Kashabowie, Ont.; *Councillors*: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND**Prince Edward Island Registered Nurses Association**

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Conveners of Sections*: Nursing Education, Miss F. Lavers, Prince Co. Hospital, Summerside; Public Health, Miss Dorothy McKenna, Summerside; Private Duty, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC**Association of Registered Nurses of the Province of Quebec Incorporated 1920**

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcellin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President, (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President, (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hos-

pital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members*: Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan. *Conveners of Sections*: Private Duty (English),

..... Private Duty (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; Nursing Education (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; Nursing Education (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; Public Health (Bi-lingual), Miss Esther M. Lewis, V.O.N., Montreal; Board of Examiners, Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Miss Ethel Sharpe, 43 Windsor Ave., Westmount; Mlle. Edna Lynch, 4642 rue St. Denis, Montreal; Mlle. Marie Anysie Déland, Institut Bruchési, Montreal; Mlle. A. Marchessault, 3256 ave Lacombe, Montreal. Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN**Saskatchewan Registered Nurses Association (Incorporated March, 1917)**

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; Second Vice-President; Miss Jean B. McDonald, 1122 Rae Street, Regina; *Councillors*: Miss Edith Stocker, Sanatorium, Saskatoon, Miss R. M. Simpson, Dept. of Health, Regina, *Conveners of Standing Committees*: Nursing Education, Miss Annie Lawrie, General Hospital, Regina; Public Health, Mrs. E. M. Feeny, Dept. of Health, Regina, Private Duty, Miss Helen Wills, 2840 Robinson St., Regina; Legislation, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss Margaret A. Ross, 45 Angus Cresc., Regina.

Associations of Graduate Nurses**ALBERTA****Calgary Association of Graduate Nurses**

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss M. A. Turner; Second Vice-President, Miss E. Reid; Treasurer, Miss E. Gavin; Recording and Corresponding Secretary, Miss H. S. Peters, University Hospital, Edmonton; Registrar, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. G. Crockford; Second Vice-President, Miss M. Reid; Secretary, Miss V. Crandall, Medicine Hat General Hospital; Treasurer, Miss F. Smith; *Committee Conveners*: Membership, Miss C. Walker; Visiting, Mrs. W. A. Fraser; Private Duty Section, Mrs. C. Pickering; Correspondent to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA**Nelson Graduate Nurses Association**

Hon. President, Miss K. E. Gray, superintendent Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie; Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. McLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balsam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council*: Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners*: Finance, Miss M. I. Teulon; Programme, Miss E. V. Cameron; Membership, Miss M. Dutton; Visiting, Miss J. Johnston; Directory, Miss M. Ogilvie; Social, Miss G. Currie; Representatives: to the Press, Miss G. Archibald; to Local Council of Women, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; *Executive Committee*: Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

MANITOBA**Brandon Graduate Nurses Association**

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; First Vice-President, Mrs. L. Fletcher; Second Vice-President, Miss V. Vance; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committee Conveners*: Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgins; Social and Programme, Mrs. E. Hanna; Cook Book, Mrs. A. Kains; Private Duty, Mrs. L. Fletcher, Miss Isobel Knox; Registry, Miss C. MacLeod.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents: Miss Bliss and Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian Nurse*, Miss H. Durant, 42 Main St. East; *Committee Conveners*: Social and Flower, Mrs. G. Mulligan.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwayne; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins; Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke; Representative, *Private Duty Section*, Miss E. Morrisette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss

Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: Nursing Education, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners*: Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90 Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson and P. McConachie.

A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners*: Programme, Miss M. Tennant; Membership, Miss M. Ferris; Sick Visiting, Miss H. Arnold; Refreshments, Miss M. Pooley; Sewing, Mrs. L. Gordon; Press, Miss B. Haddon; Mutual Benefit Association Representative, Miss H. Campbell; Representative, V.G.N.A., Miss Rhodes.

Royal

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss J. Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss M. Mirfield; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. M. Cox; Treasurer, Miss J. Stewart; *Committees*: Entertainment, Mrs. Russell; Sick Visiting, Miss E. Newman.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt Children's Hospital; Treasurer, Miss F. McLeod; Sick Visiting, Miss Ditchfield; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K. McCallum, 181 Enfield Cr., Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriner's Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; *Social Committee*: Miss E. Banks (Convener), 64 Cross St., Winnipeg; Miss J. Williamson, Miss A. Nelson; *Sick Visiting Committee*: Miss T. Grenville (Convener), 211 Hill St., Norwood; Miss K. Rowan, Miss J. Greig; *Press Representative*, Miss B. Altman, 420 College Ave., Winnipeg; *Representatives to Local Council of Women*: Miss B. Altman (Convener), Miss B. Chandler, Miss M. Spooner.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12½ Diana Crt.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; Representative on Training School Committee, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Special Committee, Miss P. Brownell, 215 Chestnut St.; Alumnae Club, Miss F. Tretiak, Broad Valley, Man.; Editor of Journal, Miss F. McRae, 44 Evanson St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee*: Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

ST. STEPHEN

A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rosa Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs. Cedric H. Dinmore; *Board of Directors*: Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committee Conveners*: Programme, Mrs. R. Mallory, Misses E. Gibbon, E. Giles, Mrs. H. Short; Refreshment, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; Nominating, Misses F. Cunningham, I. Hart.

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Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

...ing pages ...

Diet in Pregnancy

THE mother's diet, during pregnancy and lactation, ought to include:
 2 pints of milk daily.
 1 or 2 substantial servings of green vegetables—cabbage, spinach or lettuce—daily.
 1 or 2 eggs or egg yolks daily.
 An apple or orange or some fresh fruit daily.

Sea fish twice or more a week.

Calf's liver once a week.

If cod-liver oil can be taken, 2 teaspoonfuls daily is advisable.

The rest of the diet can be made up as the woman wishes.—Dr. EDWARD MELLANBY, in *Lancet* (Lond.), Nov. 18, 1933.

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ADDRESS TO THE GRADUATING CLASS

Quite a number of interesting letters come to the editorial desk; unfortunately most of them are not intended for publication. Sometimes, however, we are permitted to quote, provided we preserve the discreet cloak of anonymity. From behind this shield a physician, in the West, recently wrote to us as follows:

When are you going to work up enough courage to tell the truth about these "graduation exercises"? The processions, the flowers, the music and, above all, the speeches, remind me of the practice of "suttee" in India—whereby the wretched victim, wreathed in garlands and drugged with mob excitement and flattery, is induced to fling herself into the flames of her husband's funeral pyre. What chance is there for these girls to make a living? Yet the hospitals are turning them out in droves. You must know — why don't you speak out?

While his simile seems a bit too dramatic, we know how our correspondent feels and his reference to our courage is all the more challenging because he himself is so conspicuously lacking in that very quality. He ends his letter with the familiar phrase: "Please do not publish my name." We won't; we shall just cower behind the flimsy screen of the editorial "we."

If we had to address a graduating class tomorrow what could we find to say — supposing that we confined ourselves to the truth? No woman who has herself had a long and happy nursing career could possibly look unmoved into those young faces, bright with hope, full of eager self-confidence. Yet, if she had imagination and a sense of humour, she would not be carried away by a wave of compassion but would remind herself that

these are the children of the depression and that most of them cherish fewer illusions than she does. The flowers and the music may stir their blood but they are not taken too seriously. The speeches are not listened to at all. Youth has a bitter wisdom of its own these days, and is patient with the sentimentality of its elders.

If for a moment we could look through their clear eyes what should we see on the path ahead of them? Is it perhaps less terrifying than our Western physician takes it to be? We think it is.

For one thing, the long conspiracy of silence has been broken. It is openly admitted now that the possession of a diploma in nursing is not in itself any guarantee that one can earn a decent living in the practice of a chosen profession. However, it still gives the right to a place at the starting post and once the barrier falls, the race is to the swift and the battle to the strong. There may be fewer prizes but they are worth more. There is certainly keener competition, but that is what makes any race interesting. And what about those who get left behind in the ruck? Well, it looks as though there may be more use for them than ever before. There is a long, hard furrow for them to plough in unbroken soil. Nursing is going back to the land in Canada, and to the common people who live on it. It takes a lot of good workers to man a public utility and that is what nursing will probably become during the active professional life of this year's graduating classes.

Now a word in defence of the hos-

pitals which our Western physician so sharply rebukes. We have fought many a round, in our time, with those hospital authorities who look upon schools of nursing as intended by Providence to afford a docile and inexpensive nursing service. Our head is bloody but unbowed and we bear them no grudge. Indeed, we are willing to admit that they must find it so difficult to keep their own heads above water that they cannot be blamed for clinging to a system which, when it began, was good enough. The trouble is that it needs overhauling in the light of a new social and economic situation—and change means effort, and effort, pain. Yet there are signs that the hospitals do not quite live up to their stern claim that

they have no responsibility for helping the women they graduate to earn a living. Here and there, hospital directors are actively supporting schemes for community nursing services on a co-operative basis. And this is being done from the most practical of all motives—an enlightened self-interest.

Perhaps we need not concern ourselves too much with the reformation of graduation exercises. The flowers, the music, even the speeches may safely go on as usual. As the years pass, these ceremonies are taking on the dignity of an established rite which no one takes quite literally—but which has a deep significance to those who participate in it—and even a certain beauty all its own.



CATHOLIC SCHOOLS OF NURSING

Under the general direction of the Catholic Hospital Association of the United States and Canada an excellent directory has been prepared showing the present status of Catholic schools of nursing. The Councils on Nursing Education, connected with the Association in both countries, have participated in the preparation of the report in which much interesting information may be found. The section dealing with Canada shows that there are seventy-six schools, sixty-eight of which have government approval. It is estimated that approximately 28 per cent of all schools of nursing in Canada are operated under Catholic auspices and that 3,388 students are now enrolled in the approved schools. In referring to educational affiliation the following comment is made:

"The number of schools of nursing which have secured affiliation with educational in-

stitutions numbers thirty-one—the same number as reported for 1933. The types of affiliation with educational institutions are as diversified in Canada as they are in the United States. Three schools are affiliated with universities for courses in the basic sciences; five for nursing courses in various specialties; and one for the teaching of cultural subjects. Eighteen schools have secured some form of collegiate recognition. The interest in the subject, which has been greatly stimulated during the last two years, is resulting in the formulation of plans still in preparation. While the University of Ottawa has made considerable progress with its programme, it is known that other Catholic universities and colleges are developing their plans. The contributions made by St. Francois Xavier University in Nova Scotia are particularly valuable in this field."

SOME NEW THERAPEUTIC AGENTS

TRENHOLME L. FISHER, M.D., C.M., Lecturer in Therapeutics and Materia Medica,
School of Nursing, Ottawa Civic Hospital.

Liver Therapy

Now we come to another therapeutic agent which is of intense interest because of improvements in its method of preparation and application. With the discovery in 1926 that it was possible to keep people suffering from pernicious anaemia not only alive for longer periods than had been thought possible before, but also feeling well, the whole outlook for those cases changed. Imagine the feeling of those persons who were suffering from pernicious anaemia and who knew anything about the disease. The diagnosis of pernicious anaemia had meant a life of invalidism interrupted only by various procedures which were to best of doubtful value, and that life was, in spite of everything, tragically short, a mere five years in the average case.

Here was something which promised them a long life of normal, useful activity, and was so simple it was almost unbelievable. So these individuals began eating liver, eating it in amounts which did not seem great at first but which became dreadfully monotonous in a very short time, so monotonous that soon some of them reduced the amount or stopped taking it altogether. Along came a relapse. They had been warned when they started taking liver that they would have to continue, but they did not believe the doctors who told them this, and so back to their doctors only to be told again to start eating liver and keep eating it.

Now it is a peculiar thing, but all of us have seen it, when a patient develops an illness, particularly if it be a long illness, he soon begins to act as though the doctor and nurse were personally responsible for the illness rather than responsible for making their best efforts to cure or alleviate it. It is hard on the doctor and nurse, but there it is. The result, however,

is often good, even if the means to the end are aggravating, and in this case it was so. The very men who were responsible for changing this disease from a fatal condition to one which responded to treatment started all over again to find something easier for the patient to take. An extract of liver which could be prepared in the home and taken as a drink was the next step. Even after that objections kept up, and somewhat later a dried extract was prepared which could be put into a small amount of fluid, water, soup, grapejuice, or nearly anything else and taken at any time as long as it was taken regularly and in sufficient quantity.

It would seem that surely now these people would be satisfied, but they still kept saying it was too hard, and the investigators began again. This time they brought out an extract infinitely more potent than any of these others, an extract which contained in a few cubic centimeters of the active blood-forming substances from as much as a hundred grams of liver, an extract which could be given by hypo intramuscularly at long intervals, was comparatively painless and the effects of which would last anywhere from three to six weeks. That is the stage at which we have arrived at the moment and it is the intramuscular liver extract about which I want to say something.

Pernicious anaemia, as you know, affects three main systems of the body, the gastro-intestinal, shown by the sore mouth and the lack of hydrochloric acid in the stomach, the blood-forming system, shown by the low blood counts, and the nervous system shown by the staggering gait and later paralysis. With whole liver the blood count came up to normal, and with its approach to normalcy the gastro-intestinal symptoms cleared up, but the nervous symptoms were slow in leaving.

(This article is the third and last in a series dealing with new therapeutic agents. The others appeared in the March and April numbers.)

Their progress, however, was prevented and in some cases they cleared up. When the extracts were taken by mouth the nervous signs sometimes did not clear up, they sometimes progressed, but more slowly than without the extract. When intramuscular liver began to be used it was seen that the nervous symptoms did not progress and sometimes cleared up, so that for all practical purposes it was as good as whole liver. It had, too, the advantages that it could be given in definite amounts at long intervals, that the response to it was much quicker than to any other form of liver therapy, so that it could be used in extremely sick cases without the necessity for transfusion, and that the blood count was brought to normal in the shortest possible time.

Various concentrations are available, one with the equivalent of 100 gms. of liver in 3 c.c.'s of extract, and the one we see the most because of its comparative cheapness is the Connaught Laboratories preparation, which contains the equivalent of 100 gms. of liver in 10 c.c.'s of extract. It should be given deep in a muscle, preferably the gluteal, at weekly intervals until the blood count has reached normal and thereafter as often as necessary to keep the count at a normal level. The average dosage has been shown by Murphy, one of the original workers in this field, to be 100 gms. of liver every three to six weeks as may be required by the individual case.

In addition to the advantages I have already mentioned, there are others less easily defined. When treatment is not a continual process most patients will stick to it more faithfully, and constant treatment is necessary in pernicious anaemia. The fact that the patients must report to a doctor or nurse for administration of the intramuscular extract means that they are under supervision all the time and other illnesses which may adversely affect the pernicious anaemia are prevented in many cases. This is more important than it seems at first thought. During the

course of any other illness, however slight an added strain is thrown on the blood-forming organs which may have one of two results, either the blood count will fall and both pernicious anaemia and the other disease will be worse, or more liver will be necessary. This latter is easily possible with a patient under supervision.

One further word about liver therapy. The use of liver does not permanently cure pernicious anaemia—thinking of cure as we mean it when we speak of quinine curing malaria—it simply supplies the body with a substance which can no longer be made, and therefore must be taken indefinitely. Patients should be told early and told often that liver cures pernicious anaemia just as food cures hunger. As long as there is enough food there will be no hunger, but no matter how much has been eaten at some previous time, hunger will recur if food be not taken often. So in pernicious anaemia, as long as there is enough liver substance present to stimulate blood formation the anaemia will not recur, but no matter how much liver has been taken at some previous time the anaemia will recur if liver be not taken. This cannot be emphasized too often, as altogether too many patients seem to have the idea that by taking liver for a varying length of time their pernicious anaemia will be cured and no further liver will be necessary. They must take it steadily and as long as they live.

Insulin

At the risk of being told that the subject of my text remarks is not a new therapeutic agent and that it cannot be included in this talk, I am going to say something about it. Insulin is a gland extract which resembles liver insofar as the necessity for prolonged use exists in severe diabetics and insofar as it does not of itself effect a cure of the disease for which it is given. It differs from liver in that it is not the method of treatment in the disease caused by its deficient production, but simply an adjunct to treat-

ment and around this last point I wish to centre my remarks.

Patients should not be told that insulin will cure their diabetes or that with insulin they can eat as they like. A diet calculated for the individual under consideration is the proper method of treatment and the only one which offers them any hope of a long healthy life. The medical profession cannot be held wholly blameless in this connection, but we are slowly and surely putting our house in order. We need help, though, and you will be doing a real service by encouraging the proper attitude in relation to insulin. If diabetes in any person has reached the stage where it necessitates such a small diet as to be incompatible with a fairly normal or slightly less than normal round of activities, the use of insulin will allow enough extra food to permit more activity. In the management of otherwise healthy diabetics that is the only claim that should be made for it. It is far different, however, in the treatment of diabetics who are in coma or who are suffering from infection. In coma large doses of insulin must be given and given often enough to cure the comatose condition, and here it may be said that insulin is the method of treatment. When infection occurs the ability of the diabetic to utilize carbohydrates is so lessened that insulin again is the one life-saving form of treatment.

New Uses

Just to redeem myself, I am going to tell you something of one or two uses to which insulin is being put that are quite new. Insulin is being used to increase appetite and weight in thin emaciated persons who do not gain with routine measures alone. The patients are preferably put to bed, given a small diet with small doses of insulin before the

principal meals of the day. The insulin dosage is slowly increased till fifteen or twenty units are being used three times daily before meals and the diet increased as the patient wishes for extra food. Little or no coaxing may be necessary as the insulin increases their appetite and apparently enables them to eat comfortably amounts they would otherwise think were too great. It is said that the increase in appetite will continue after insulin is withdrawn and that the gain in weight will be maintained. Many applications of this will suggest themselves to you quickly. The ones that have attracted the most attention are the use of insulin to increase appetite, weight and strength in psychoneurotic and psychotic patients, and to increase weight in tuberculous patients. Always have sugar in some form conveniently at hand when using insulin in this manner as insulin reactions may occur easily.

The Future

May I, in conclusion, direct your thoughts to the future. In spite of the great advances made in the past few years, only the surface has been scratched in many of these subjects. Consider endocrinology, in a few years the treatment of many conditions now considered fatal will be a possibility; consider haematology, even now work is being done on an intravenous liver extract which will make treatment of pernicious anaemia easier, and in his remarks last week when awarded the Nobel Prize, Dr. Minot said the permanent cure of pernicious anaemia was his goal and left the impression that it might not be far distant; and consider the great field of brain and nerve surgery only now becoming generally used. Truly, we do not know what a day may bring forth.

CANADA AND DENMARK

There can be no better proof of the value of the courses given under the auspices of the Nightingale Memorial than the enthusiastic letters of the students who are taking them. Here are two—one from our own Elizabeth Smith and the other from Annette Pade of Denmark:

From Elizabeth Smith

First of all, I would like to express my gratitude to the Canadian Nurses Association for the opportunity which this year in England is affording me; its value cannot be overestimated and in future I shall be just a little envious of those who are enjoying for the first time the thrill of visiting this most interesting country. Each day has been crowded with new and interesting experiences and the time is passing much too quickly.

It is difficult to express the pleasures and advantages of living as one of the international group at 15 Manchester Square. This year fourteen countries are represented: Finland, Norway, Denmark, Latvia, Holland, Germany, France, Turkey, Bulgaria, South Africa, Scotland, England, the United States and Canada. One has an excellent opportunity of gaining a knowledge and understanding of the nursing problems of other countries. Miss Dorsey, our warden, is most gracious and understanding and has done much to make this year a happy one.

Bedford College and the College of Nursing have extended to us a warm welcome. The course, including as it does, work in hospitals and public health centres as well as many excursions of professional interest, is most stimulating and comprehensive. One of our great privileges is that of meeting nurses who are outstanding members of the profession, not only in their own countries but internationally. We have met among others, Dame Alicia Lloyd-Still, Mrs. Bedford Fenwick, Mrs. Carter (Chief of the Nursing Division of the L.O.R.C.S.) and Miss Schwarzenberg, executive secretary of the International Council of Nurses.

As members of the inaugural class of the Florence Nightingale International Foundation, we are keenly interested in the activities which are being undertaken in an endeavour to raise funds for the endowment. Many and varied are the projects planned. In the near future an illustrated travel lecture is being given by an "Old International"; the Nightin-

gale Students of St. Thomas's Hospital have had sales of candy, and we are working on a programme of original sketches and songs and hope to realize at least a small sum. One cannot help being impressed with the appropriateness of this Foundation as a memorial to a great leader. It is such a living, vital, type of memorial and its influence will be world-wide. I am sure that nurses all over the world will be happy to see the future of the Foundation assured by a permanent endowment. The Florence Nightingale Memorial Committee of the Canadian Nurses Association merits the sincere gratitude of the Canadian nurses who are fortunate enough to have had this year of study in England.

From Annette Pade

How can it be possible to tell in a short article about an experience like this—a time when every day brings us many impressions and experiences which we have never had before? For the student coming from a little country who perhaps never has been abroad before, there is no doubt that this year in London is of tremendous value and that the friendship and fellowship with the students from all over the world is most profitable, because we have many opportunities of sharing different opinions and points of view.

Many of us spoke very poor English when we first came and we were hardly able to understand what was told us, but it is amazing how fast one makes progress when necessary. It has been comparatively easy for us this year because so many of the students are English-speaking and they have never tired of helping us and correcting us when we asked them to do so. Our life in London is an ever-changing existence: our time being divided between lectures, studying, writing essays and reports, excursions and, last but not least, all the wonderful amusements, theatres and concerts. During the Christmas holidays we were invited to a delightful Christmas dinner at the club of "The Royal British Nurses Association", on which occasion Mrs. Bedford Fenwick took the chair. The most impressive moment was when Mrs. Bedford Fenwick proposed a toast to all the Kings, Queens, Presidents and Dictators of the countries which we represented, remembering also all the nursing pioneers in our countries.

The time is passing very quickly—only four months are left—but we do hope that on going back to our own countries we shall all be able to do better work in our various positions and in the nursing profession as a whole.

THE "BURN" BED

FRANCES CHARLTON, Supervisor, Emergency Department, Toronto General Hospital.

Tannic acid is used in the treatment of second and third degree burns, which may be extensive burns, or small areas. When the patient is admitted to the accident ward, a sedative is usually given immediately. Shock, if present, is treated in the usual way, with heat, stimulants, and intravenous of normal saline. The

cut, cleaned and sprayed as they form. The bed should be kept at the above temperature, as this heat is necessary for the tanning process and for the comfort of the patient. When the burns are sufficiently tanned, the patient may be taken out of the burn bed, and daily dry dressings applied to the areas until the bark



The bed is shown with the triangular flaps fastened back as they would be when care is being given. In the intervals the flaps are undone and brought together in the middle line and the bed is completely enveloped as by a tent.

burned areas are then cleansed with gasoline and ether, after all blisters and loose skin have been removed. This area is then sprayed with a ten per cent tannic acid solution, the first spraying being done in the accident ward.

The patient is then taken to the "burn bed," which has already been heated to 115 degrees. The patient is placed in bed on a sterile sheet, and throughout the treatment is kept on a sterile area, as far as possible. The burned areas are sprayed with tannic acid solution every half hour for forty-eight hours, or until a hard bark is formed. The blisters should be

comes off, which usually takes from ten days to two weeks.

In preparing this special bed (shown in the accompanying illustration), an ordinary bed is used, and is fitted with an iron frame about four feet high above the mattress, extending all around the bed. The cover, or tent, is made of heavy cotton sheeting on the outside, and blanket material on the inside. The cover fits tightly over the frame, hanging low enough below the mattress so that it may be tucked in, keeping in all the heat possible. There is an opening on both sides of the cover, about the middle of the bed,

which may be fastened back by domes, to allow working space for the nurse. At the bottom of the bed is a hole just large enough for the pipe from the electric heater to enter. As a precaution against fire, this pipe is covered with asbestos.

The heater is a small electric heater, allowing three degrees of heat (low, medium and high), and may be connected to any ordinary light socket. The bed may be heated to 120 degrees, but 112 to 115 degrees is the usual temperature necessary for the comfort of the patient and the tanning process. A thermometer

is hung to the top of the tent, about the middle, by which to regulate the temperature. The tannic acid powder is kept dry, and the ten per cent solution may be made by using 352 grains to eight ounces of warm, sterile water. The solution should always be freshly made, and an ordinary atomizer is used for spraying.

Large electric cradles may be used for this tannic acid treatment of burns, if a bed of this type is not available. The cradles are placed over the burned areas, and the treatment is carried on in the same way.

BRITISH COLUMBIA'S REFRESHER COURSE

"If we are to teach, let's learn how." This is the title of an article by Dr. E. M. Bluestone in *The Modern Hospital*, but it might well be used to express the objective of the Refresher Course which is being given by the Registered Nurses Association of British Columbia under the auspices of the University of British Columbia. Every nurse should be a teacher. Whether aware of it or not, she is constantly faced with opportunities for teaching—teaching student nurses, teaching patients, teaching the public! The course, which will be given from July 2 to July 12, inclusive, is planned primarily to help the nurse, any nurse, to be a better teacher. The privileges of this course are also extended to student nurses and other professional groups such as social workers and teachers. The programme (fuller details of which will be given in the June issue of the *Journal*) includes such interesting items as:

(1) Ten hours in general psychology: Dr. Edith S. Bryan, M.A., Ph.D., R.N., P.H.N., formerly assistant vice-president of the Cali-

fornia States Nurses Association.

(2) Ten hours on the principles of teaching: Mr. C. B. Wood, of the University of British Columbia.

(3) Discussions and demonstrations of the practical application of the two previously mentioned courses to the work of the institutional and private duty nurse to be conducted by Mrs. Mary Marvin Wayland, formerly of Teachers College, Columbia University, and an outstanding authority on her subject.

(4) Ten hours on public health: Dr. Edith S. Bryan, whose book, "The Art of Public Health Nursing," has recently been published.

(5) Two hours on the nursing of neuro-surgical patients: Dr. Frank A. Turnbull, specialist in neuro-surgery.

We suggest that you spend your vacation in Vancouver, and refresh yourselves professionally as well as physically. The registration fee of \$5.00 for the two weeks, \$2.50 for one week, and fifty cents (50c) for single day or lecture, is sufficiently low to keep away no one who really wants to attend. Application blanks may be had from Miss Helen Randall, R.N., 520 Vancouver Block, Vancouver, B.C.

ULTRA-VIOLET LIGHT IN A HEALTH PROGRAMME

E. WINIFRED WOOD, Vancouver General Hospital, Vancouver, B.C.

It has been apparent for some time that ultra-violet radiation, as administered to patients in hospitals, has been of considerable advantage to them and it therefore seemed that benefit might accrue to the members of the nursing service if such treatment were available for them. With this idea in mind, arrangements were

of careful arrangement of the cots, control unit and desk, it has been found quite satisfactory. It is equipped with three lamps, which are controlled from a single unit; these are suspended from the ceiling over eight comfortable cots and are so arranged that each cot receives practically an equal amount of ultra-violet radia-



TREATMENT ROOM SHOWING LIGHTS AND CONTROL DESK

completed, a little over a year ago, at the Vancouver General Hospital to instal a quartz lamp room in the Nurses Home, in order that treatments could be arranged for all members of the nursing staff. A special fund was fortunately available and the treatment room, or "Solarium" as it is now called, is in charge of a trained physio-therapy technician who is responsible for the proper administration of the treatments, and the keeping of records.

The room used for this purpose is quite small ($11\frac{1}{2}' \times 17\frac{1}{2}'$) but by means

tion. There are two dressing rooms in connection with the "Solarium", used by alternate groups; these are equipped with mirrors, shelves, chairs and coat hooks. Each nurse is supplied with a small sheet, a pair of goggles, and a linen envelope or bag in which she keeps her sheet and goggles between treatments. When not in use these remain in the dressing room on a shelf and a small tag, bearing the name of the nurse, is attached to each bag. The sheet is worn, after the clothing is removed, in going from the dressing room to the treatment room. The only

garment worn during the treatment is a brief pair of shorts or trunks. The cost of the goggles is twenty cents and is paid by the student who retains them for future use.

The usual initial dose is one minute on the front and back of the body or less if circumstances indicate that this will be too much. The dose is increased at the rate of a half-minute or a minute a day at each subsequent attendance until a maximum of ten minutes is given on each side. Each day all are inspected before being given treatment in order to see how much reaction, if any, remains from the preceding dose; subsequent treatments and dosage are determined by what is found and individual records are kept of the attendance, dosage and reactions.

Schedules

The course of treatment commences about the end of September (or at the completion of the vacation period) and, as far as possible, is completed by Christmas. One additional course is arranged in January for the new probationary class and for any staff members who for any reason have been missed during the autumn. Treatments are available to every nurse in the hospital; they commence at eight in the morning (when those on night duty receive their treatment before going to bed) and continue at half-hour intervals until about four in the afternoon. Approximately a hundred nurses

are treated each day, and these continue to take treatment for a month, at which time a fresh group is started. The schedule is arranged by a member of the training school office staff because special arrangements have to be made for those on duty to leave the wards at a suitable time. No treatments are given on Saturday or Sunday. When a lamp is not available for the exclusive use of the nursing staff it might be possible to arrange for treatment in the physio-therapy department of the hospital. Under these circumstances it would be necessary to reserve special hours and thus avoid any conflict with the appointments of the patients.

Results

While it is too soon to give definite statistics as to the benefits received, enough has already been accomplished in diminishing the number and frequency of winter colds and consequent loss of time to justify continuing the service, and it is the intention of the hospital authorities to do so. In view of the results so far obtained here, as well as those reported from other centres, it would appear advisable for any hospital to contemplate such a programme for promoting the health of its staff. Hospitals employing a permanent graduate staff would probably derive just as great benefit from such an arrangement as do those which conduct a school of nursing.



THE EDITOR'S DESK

Jubilee

In the month of May, the Boy Scouts will carry good news across this Dominion and will light bonfires which will flame from sea to sea, because it is our year of Jubilee. The beneficent reign of our beloved King and Queen has now attained the quarter-century mark and, even in a time of severe social and economic distress, the loyalty of the British peoples to their Sovereign has never wavered. The nurses of Canada add their voices to the Empire chorus: *God save the King.*

What Toronto Did

During October, 1934, the nurses of Toronto decided to do something about *The Canadian Nurse*. A meeting was held under the chairmanship of Miss Jean Gunn, at which twenty-one organized groups of Toronto nurses were represented. The editor of the *Journal* outlined the general situation and it was forthwith decided to carry on an intensive campaign for new subscribers by means of personal solicitation within each group. The campaign was carried on under the general direction of the central committee and all subscriptions were handed in to a central fund, with Miss Beatrice Ellis acting as treasurer. On February 15 the campaign closed, having attained the magnificent total of 470 new subscribers. At its concluding meeting the editor once more had the privilege of being present. In response to her appeal it was decided that the committee will not dissolve but will be available later for further advice and assistance.

What Toronto has done can be done by other large cities. We have our eye on several already and think we note the light of emulation shining on their brow—or is it the blush of shame?

Reader's Guide

We begin with a somewhat unconventional "Address to the Graduating Class." If you don't like it please write and tell us about it; we shall revel in your criticism. △ The last of the interesting series of articles by Dr. Trenholme Fisher on "Some New Therapeutic Agents" appears in this issue. △ Scholars from Canada and Denmark tell us what the Nightingale Memorial means to them. △ In "The 'Burn' Bed," Miss Frances Charlton, surgical supervisor in the Toronto General Hospital, gives a succinct and practical description of the nursing care of patients suffering from burns. △ In "Ultra-Violet Light in a Health Programme," Miss E. Winifred Wood tells us what is being done for the nursing staff of the Vancouver General Hospital. △ The correspondence page is chiefly a challenge to the adventurous. △ In "Maternity Service in England" we have quoted at length from a pamphlet by Dame Janet Campbell regarding a subject of which we shall hear more before long. △ Miss Amy Conroy gives a vivid glimpse of the life of a district nurse in rural Alberta. △ Do you remember your first night duty? Perhaps the memory would be happier if you had been initiated as Miss Eugenie Stuart suggests in "Night Duty Without Tears." △ There is more than one opinion about eight-hour duty for private nurses. Read what Miss Florence Dewey has to say and then fire away. △ Brief reference is made in "Notes from the National Office" to many interesting projects which are now under way. Keep yourself informed of what is going on in your province and elsewhere.

Correspondence

A Builder

Our hospital accommodates eight patients, though we often have from twelve to sixteen. There are only five bedsteads, so the remaining patients sleep on mats on the floor. We try to keep obstetrical and very ill patients on beds for their comfort, and also to save backache. We have no doctor, so all the responsibility falls on the nurse. I have two women helpers and one man, to help with the dispensing of medicines, a type of work I had to learn here in India. We are planning to enlarge our hospital, and the workers are now busy making the bricks. I know very little about building, so that it was quite a new experience for me last year to be chief overseer when our hospital was being built.

Many abnormal cases, especially in obstetrical cases are brought in to the hospital. Lately we have had a large number of Guinea worm cases and it is a very tedious job getting rid of them.

MARGARET SUDERMAN
(W.G.H., '27)

Deccan, India.

A Cry For Help

A letter from a friend who is a teacher in Kenya Colony, East Africa, tells of the great need of medical care and the distress caused by the lack of it. Her message reads:

"Last week our only registered nurse and her assistant who has only had maternity training, were both away from the hospital at once, for a few days, leaving trained natives

in charge. The natives came over to call me for several serious cases, not because I know much, but because they needed moral support. Three difficult labour cases came on the same day. These women were so scarred by their circumcision (one of their tribal customs performed on young girls) that we had to cut a great deal, and sew up afterwards. Three little children, very ill with pneumonia, were also brought in. Then a man, requiring a mastoid operation, came 170 miles looking for medical help and had to be told that we had no doctor to operate on him. We are thankful that our patients are getting along quite well now."

This friend has asked me to tell my medical friends, so that perhaps some day, somehow, these people may receive the help they need. Only people with British certificates are allowed to practice in this Colony, but through our national magazine, *The Canadian Nurse*, I am seeking to pass her message on.

M. S., Winnipeg.

A Confession

Herewith a confession. I have been on the rolls of the graduate nurses for, let me see, nine years, and have not yet subscribed to *The Canadian Nurse*. This I say with neither pride nor regret. *The Canadian Nurse*, as a magazine, has never been of particular interest to me as a public health nurse. However, having read very carefully the last five or six issues I must needs change my mind and ask for the privilege of being a subscriber.

A PUBLIC HEALTH SUPERVISOR.

FLORA MADELINE SHAW MEMORIAL SCHOLARSHIP For the Advancement of Nursing Education

A scholarship of \$250 (two hundred and fifty dollars) is offered to a Registered Nurse in good standing, to enable her to follow a course at the School for Graduate Nurses, McGill University, Montreal, during the session of 1935-1936. For application forms, write to Miss E. Frances Upton, Suite 406, 1396 St. Catherine St. West, Montreal. Applications will be accepted until June 15, 1935.

Department of Public Health Nursing

MATERNITY SERVICE IN ENGLAND

Nurses who had the privilege of attending the conferences held with Dame Janet Campbell during her recent tour of Canada, will remember with pleasure her broad-minded and sympathetic conception of the rôle of the nurse in maternity service. Her hand-book, the title of which is given in the accompanying footnote, is specially valuable at a time when the functions of nurses in relation to programmes for maternal care are much under discussion in Canada.

Signs are not wanting that before very long we may have to revise our thinking on the whole question. While it is not suggested that our needs in Canada are identical with those in Great Britain or that our maternity services should be modelled on those of the Mother Country, it is obvious that what Dame Janet has to say about the organization of nursing services sheds some light on our problem. The practice of midwifery is not legally recognized in this country, but it is a matter of common knowledge among nurses that, though they have no training in midwifery, they are compelled, under certain circumstances, to act as midwives. In the nursing outposts this fact is quite frankly admitted. It might also be interesting to know how many times visiting nurses, even in large cities, find they have no choice except to deliver the patient. Night supervisors in hospitals in the smaller towns where there are no resident interns could give some valuable evidence regarding their need of a broader preparation in the field of obstetrics. Dame Janet's clearly expressed views are here quoted at some length:

The first twenty years after the passing of the Midwives Act of 1902 were spent in con-

solidating the place of the independent certified woman, and in gradually eliminating the untrained midwife. During the next ten years a better status was acquired for midwives, and rather better conditions of work. Since 1926 women not previously trained as nurses have been required to spend a year in training. The development of maternity and child welfare services aroused a new interest in maternity work, and led to a closer association of the midwife with the public health department.

But circumstances have changed materially since 1902. In spite of the improvement made, no one is content with the present position of the midwife, and the time would seem to have come once more to examine, and if need be, wholly to revise our ideas and our policy in regard to practice by midwives.

The midwife is firmly entrenched, and rightly so, in midwifery practice in this country, where she can render invaluable aid. But, with present-day notions of an improved standard of maternity work as a whole, are we satisfied with the conditions under which midwifery by midwives is conducted? Do we desire, for example, to continue to train the woman who has no other qualifications than the certificate of the Central Midwives Board? Are we content that such highly responsible duties — involving the life of mother and child — should remain in the hands of women of limited education, with a short training and no nursing qualification?

The position of the independent midwife is not growing easier. The falling birth-rate means fewer cases, especially among the mothers of families who would formerly have been her most faithful clients. Unemployment and poverty among her patients spell more bad debts for the midwife. Competition is keen; there are too many midwives in the towns for the available cases, relatively few of them are fully occupied, and many are married women who are not entirely dependent on their profession, but are glad to take some cases for the sake of the additional earnings. This not only leads to a lower standard of practice, but bears hardly upon the purely professional midwives. Another formidable competitor is the maternity hospital of the local authority, which is becoming increasingly popular with the women who in other days would have engaged midwives.

Something has been done to ease the burden of the midwife by providing her with medical

"Maternity Services," by Dame Janet Campbell, formerly Senior Medical Officer for Maternity and Child Welfare to the Ministry of Health. 56 pages. Price, one shilling. Faber & Faber, 24 Russell Square, London, W.C.1.

aid in emergency, by compensating her for necessary suspension from practice, by paying part of her fee in necessitous cases, by subsidizing her if she cannot earn a living in a locality where her services ought to be available. But it is difficult to see any hopeful future for the independent midwife in an urban area. She needs reasonable working conditions, better remuneration, and opportunities for keeping her knowledge up-to-date; and the patient needs a higher standard of midwifery and nursing, including more ready relief from pain, than the midwife can give her unassisted. It seems impracticable to meet these two requirements and at the same time to allow the midwife to retain her position as an independent private practitioner. Should we not obtain better results from a service of midwives working whole-time under conditions somewhat similar to those of the Health Visiting Service?

I therefore make the following suggestions:

(1) That we should cease to train women in midwifery only, and that eventually all midwifery should be done by women having a nursing as well as a midwifery training.

(2) That midwifery and maternity nursing among women who need the assistance of a maternity service should be carried out by properly qualified whole-time midwives, working under a local authority, a nursing organization, or a hospital scheme, who would have suitable status, salaries, and conditions of work, and who would be in a position to co-operate fully with the maternity service of the area, and could also be given adequate post-certificate teaching.

In studying midwifery training abroad, one is at once impressed with the small number and high standard of the approved training schools in such countries as Holland, Denmark, Germany, and with the fact that all training is carried out in connection with large, well-equipped maternity hospitals by qualified teachers, so that a uniformly excellent standard of efficiency can be maintained.

In this country there are still far too many training schools if we think in terms of the number of students actually required for midwifery practice, and many of the best occupy themselves mainly with nurses who will not practise afterwards. The schools still vary widely in size, equipment, in facilities ordered, and in the qualifications of the teaching staff, many of whom may be excellent midwives, but are inadequately qualified as teachers.

For the purpose of training the midwives needed to carry on the practical midwifery work of the country (these should have preference over all others), we need (1) a smaller number of training schools, each large

enough to provide for all branches of midwifery education, and suitably equipped and staffed; (2) a curriculum revised both in length and content, to enable the midwife to meet present-day requirements more satisfactorily. Among practical difficulties in the way of such reforms would be the provision of staff for maternity hospitals if pupil-labour were withdrawn or decreased, in view of the use now made of pupil-midwives to carry out much of the nursing work in maternity institutions, large and small. There is also the value of the training fees paid by pupil-midwives to the hospital. None of these considerations should be allowed to obstruct essential reforms, but educational and financial adjustments would no doubt be necessary in regard to the staffing and maintenance of the institution.

I suggest that the most satisfactory training for the midwife would include a foundation of general nursing (one to two years) on which could be based a two-year course in midwifery. The midwife could then rank professionally with the general trained nurse, but would be far better prepared for her special work than if she had taken the C.M.B. certificate after an ordinary nursing training. And her prospects should be no less good than those of the general nurse.

An obstacle in the way of such a training scheme is that neither the General Nursing Council nor the Central Midwives Board would have exclusive powers to organize or control it. A separate authority for the training of midwives would presumably be far less necessary if the midwife without nursing qualifications ceased to exist, while it would be advantageous to bring the new type of midwife into much closer relationship with trained nurses as a whole. It would, therefore, be necessary to reconsider the constitution and functions of the two supervisory bodies, and it might be found desirable to merge the duties and powers of both under one professional council, as has, for example, already been done under statute in Northern Ireland.

The midwife should, of course, be fully competent in the technical side of her profession, but she needs more than that if she is to become a valued colleague in a maternity service. She needs a grasp of the public health and preventive aspects of midwifery in its relation to maternal welfare, and an active sympathy with social or official agencies which are attempting to ease the burden of motherhood. She will acquire these qualities more readily if she is brought into contact with this spirit and atmosphere during her training.

Then there is the need for better training for teachers of midwifery or those who hold

administrative or other responsible positions. One of the difficulties which would confront an attempt to set up a revised midwifery course would be the dearth of teachers adequately equipped to direct and undertake such training.

Dame Janet displays a refreshingly clear insight into the economic aspects of education and her frank statement that the need for student nursing service in hospitals ought not to interfere with reform applies to the nursing situation in

general as well as to midwifery in particular. If, and when, it is decided to proceed with plans for advanced courses for nurses in maternity service the wise guidance of the British leaders, based on their long experience, may point the way toward better things in Canada. It goes without saying that public health nurses will be called upon to assume leadership, and it is not too soon for capable women to begin to prepare themselves for it.

IN RURAL ALBERTA

AMY L. CONROY, District Nurse, Pendryl, Alta.

Pendryl District is heavily wooded and lies a hundred miles south-west of Edmonton. The only clearing in the timber is for trails, and the nearest doctor and hospital are some seventy miles away from the scene of the district nurse's labours. Hundreds of families, driven from the dried-out areas by repeated crop failures, constantly stream past the nurse's log cabin. Some have just enough of this world's goods to keep body and soul together, but the treasured ten dollars filing fee is tucked away safely to ensure their getting the piece of land where they are planning to make their future home. Sometimes a long continued spell of hard times makes life a discouraging affair, and into this environment the Provincial Government sends a nurse equipped with elementary medical necessities. This woman needs more than professional ability to cope with such a situation: she must be a teacher if she is to fill the requirements of her post. It takes courage to face many of the problems that arise but the pioneer women are often such splendid examples that the nurse gains much from her contact with the settler. My readers may be interested in some of the following experiences;

similar ones fall to the lot of any of our nurses working in outlying districts.

Ninety miles from a doctor, heavy timber for thirty of these miles, with a trail slashed through and huge stumps looming up every few feet, a man suffering from an acute appendix condition must be got to a doctor and a hospital. A stretcher made of small spruce poles and a grey blanket is constructed; good-sized stones are heated in the fire and dropped into a three-quart baking powder tin; these keep hot a long time. The patient is carried by neighbors for seven miles over the roughest part to the main road where a car with a dropped front seat conveys the patient, on a more comfortable stretcher, to the hospital.

Thirty below zero, with a blizzard in progress and a frozen lake to be crossed, the trail left by the driver in coming for the nurse is obliterated. The call came at 11 p.m. and the twelve-mile drive seemed like fifty. In the little shack a seventh baby was expected and, on the nurse's arrival, seemed due very soon, but by morning things had quieted down though the mother's condition appeared serious. No telephone or telegraph within twelve miles so a good rider is sent to ask the Canadian Pacific Railway agent to send the speeder at once for the doctor. This by the way is one of the coldest rides anyone can take. For hours the fight for the two lives which were at stake went on, and a hard fight it was. On the doctor's arrival no questions were asked. Everyone has absolute faith in him for he always responds effectively to our call for help. Very soon the mother and

her babe are safe. As the doctor drove home, cold and tired but triumphant, he must have felt that this work, with all its hardships, is well worthwhile.

The people are essentially kind-hearted and in pain and trouble are possessed of courage and fortitude which are an inspiration. Obstetrical cases are and always will be the largest part of the work, and to these hard-working, patient mothers, fighting poverty under pioneer conditions, the district nurse is proud to

be a comfort and to render them service. Pity and need make all flesh kin. One nurse says: "I have ridden in stone-boats and hayracks, in grain boxes and home-made sleighs, on seats with springs and more without, over bridges held together by thin planks and Providence (mainly the latter), down cut banks that made each individual hair stand on end, and now I have decided that for all-round safety I would prefer an aeroplane."

Book Reviews

PRINCIPLES OF ETHICS, by Dom Thomas Verner Moore, Ph.D., M.D., Monk of the Order of St. Benedict; Professor of Psychology, Catholic University of America; Director of the clinic for mental and nervous diseases, Providence Hospital, Washington, D.C. 368 pages. Price, \$3.50. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal.

The ethical principles upon which this work is based are those of the Roman Catholic Church, and some of its precepts, therefore, will be accepted only by those who are themselves members of this communion. Nevertheless, this book will amply repay careful study on the part of all teachers and supervisors of nurses. It is founded on an empirical study of the actual incidence of moral problems in the daily life of the nurse, made by having ninety-five nurses keep diaries recording their daily moral conflicts. Extracts from these diaries (found at the end of the chapters of the book) give a vivid picture of the nurse's inner moral life and themselves shed a somewhat disconcerting light on what is apparently going on in

the minds of some student nurses. The student of general ethics will find the background of the book a useful and stimulating guide to further reading. There is a brief bibliography and an excellent index.

SURGICAL NURSING, by Hugh Cabot, M.D., Senior Consultant, Mayo Clinic, Rochester, Minn., and Mary Dodd Giles, A.M., R.N., Associate Professor of Nursing Education, Vanderbilt University, Nashville, Tenn. Second edition: thoroughly revised. 441 pages with 123 illustrations. Price \$3.50. London and Philadelphia: W. B. Saunders Company. 1934. Canadian Agents: McAinsh & Co. Limited, Toronto.

It is evident in this volume that the collaboration of physician and nurse in the preparation of text-books on nursing is usually productive of good results. The authors have succeeded in setting clear and concise descriptions of nursing techniques against a background of general knowledge which makes for understanding of the underlying principles. The chapters on urologic surgery are particularly good.

NIGHT DUTY WITHOUT TEARS

EUGENIE M. STUART, Ward Teacher of Students in the School of Nursing of
Toronto University.

Night duty seems to the young student nurse to be a step into the dark. Until now she has been guided carefully along, receiving instruction as the need arose. Now there comes a break and she is scheduled to report for night duty—shall we take a specific instance and say that Miss A. is to report for night duty on Ward Five. Although she has been in the school almost a year, and is just completing her third week on day duty in the same department, she is actually afraid of what night duty has in store for her. She has heard tales from other members of her class as well as her seniors and realizes that she is to be put to the test. But this is not uppermost in her mind; she is afraid because she well remembers a night in her own life when she, with other members of her family, kept a long vigil and every noise was multiplied a thousandfold by the tension of the watchers.

Coming on Duty

Ward five has a bed capacity of 16 and adjoins another of similar plan. The night staff of the two consists of two students and a supervisor who is also responsible for the supervision of another unit of equal size but has no other administrative duties. She is therefore responsible only for the care of the patients, and for the supervision of these four nurses who each spend eight weeks on night duty. Miss A. is the only new nurse who will be assigned to her direction for the next two weeks, thus giving her sufficient time to introduce her to night duty. It is now seven o'clock and Miss A., who has been off duty for the afternoon, arrives fresh and apparently happy, to take her place with the supervisor, while the head nurse reads the report. "Good evening, Miss A.," says the head nurse, "were you able to sleep this afternoon?" "Yes, I slept for a couple of hours, but awakened wondering how Mrs. Brown was feeling."

"Mrs. Brown was operated on this afternoon for bowel obstruction, and has been transferred to the surgical department. The observation of the character of her vomitus which you reported to me this morning aided greatly in the diagnosis." A feeling of satisfaction for the moment placed Miss A.'s fear of the night in the background.

Together the head nurse, the supervisor and Miss A. visited Mrs. X., admitted that afternoon, who had collapsed at her home after vomiting a quantity of blood. The patient was a typical picture of hemorrhage but the head nurse remarked that her condition seemed slightly improved. Miss A. of course knew most of her patients who were all looking forward to having her as their night nurse for they had benefited by her understanding care and thoroughly enjoyed her slow dry humour.

Settling Down

The supervisor was used to introducing students to night duty and recognized the fact that every student is different. For instance, there was Miss Jones—self-sufficient to all outward appearance, but on knowing her a little better the supervisor found that this was just an exterior presented in order to cover deficiencies. And there was steady, serious-minded Miss Smith—all seemed gloom to her—and now here was the present problem, or was Miss A. a problem? She looked like a good nurse with a cheerful personal outlook and showing her high grade of intelligence by her knowledge of her patients. Now what was there for the supervisor to do?

First, she explained to Miss A. the responsibilities of the night nurse for the care of her patients and how the patient at night presented an altogether different problem to the patient during the day. Questions were asked on the methods

of nursing effective in producing sleep, and detail instructions were given regarding the care Mrs. X. should receive and the importance of quietness and smoothness of movement in caring for her. Miss A. was assured that the supervisor would assist her in caring for Mrs. X. and the importance was stressed of taking and recording her pulse every hour and reporting any change immediately. Miss A. suddenly turned, saying: "Every hour, even after 9.00 p.m.? The ward will be darkened and Mrs. X. will probably be asleep." The supervisor then explained about the night lights which are left on whenever a patient was to be carefully watched, and the significance of the changes in pulse which might occur at any time. Miss A. tried to hide a look of fear which she felt must not be recognized, but the supervisor who, during years of experience had often seen that expression, sensed the trouble. "This student needs more help than I at first realized", she thought.

The first part of the evening saw the supervisor making rounds on her other wards and when she returned to Ward Five she found that Miss A. had organized her evening's work well. The patients were fairly well settled for the night and Miss A. had given them nourishment but the supervisor noticed that the ventilation had not been considered. She questioned Miss A. on the factors contributing to the production of rest and sleep and, when at last ventilation was mentioned, Miss A. noticed her omission. The supervisor had learned through experience the effect produced on the student by allowing her to recognize her own omissions.

Miss B., a patient suffering from hyperthyroidism, was extremely nervous, unco-operative and seemed anxious. The supervisor explained to Miss A. what this condition was and that ordinary measures needed to be supplemented by special nursing care. First by every action, Miss A. had to inspire her patient

with confidence: then a tepid bath, followed by a thorough massage and some light nourishment. It was pointed out that this patient might not respond as expected, and if after a reasonable length of time she were not asleep, a sedative prescribed by the physician might be administered. As Miss B. was to have a basal metabolic test in the morning, there was all the more reason why she should have a good night's rest, and Miss A. was told of a patient who was to have had a similar test but was upset because her nurse refused to give her a drink of water, without any explanation of why she could not have it. She explained how this refusal had so irritated the patient that it was impossible to obtain a correct estimate of the basal metabolic rate, and the test had to be repeated.

Reassurance

By the time the patients were completely settled, it was about ten o'clock and Miss A. had had no time to become introspective. Besides, what had she to fear? There was the responsibility for Mrs. X. but the supervisor came along just at that moment, asking when she had last seen her. Now she would have to go alone down that long corridor with the mysterious shadows on the walls—the silence broken by the breathing of old Mrs. Brown in the corner who could only sleep on her back. But no, she did not have to go alone, here was the supervisor; she must have noticed the hesitancy with which she had picked up the flashlight, must have realized how afraid she was. However the supervisor said she thought she too should see Mrs. X. for Dr. O. would soon be in to inquire as to her condition. Then perhaps the supervisor did not know she was afraid—what a relief. The patient was resting comfortably and her pulse seemed of better quality and, as they stood together beside her, Miss A. felt a great feeling of security. The supervisor then asked Miss A. to see that the other two patients were all right, ex-

plaining that rounds had to be made so as to see patients at least every half-hour. Without realizing that she was plunging into the dark, Miss A. made her rounds while the supervisor waited. And so the night wore on—charting, rounds, a hot water bottle for old Mrs. Brown, a window opened for Miss Y. Miss A. is making rounds by herself now, but when it came time for her midnight meal, Miss A. was too excited (or was it fearful), to enjoy it. The supervisor enquired about this for she knew that fear results in loss of appetite and indigestion. During her rest period, Miss A. was relieved by a nurse from Ward Three and the supervisor saw that she had nourishment before continuing her night's work. Through the night, when Miss A. was not actively engaged, the supervisor tried to interest her in something or somebody besides herself.

The Night Ends

It was not long before the gray light of dawn began to show through the eastern windows. Mrs. X. had had a quiet, restful night and her pulse rate had decreased considerably. Miss B. had slept for six hours, in fact was still sleeping when the day nurses arrived. The other patients seemed to be in good spirits as Miss A. made her last rounds, putting

beds and tables in order, and filling the last-minute wants of her patients. Miss A. felt as she went off duty that she was going to enjoy night duty. Her fear of the night had been lessened; and she had come closer to her patients than at any time on day duty. Was there a bond and were they, too, apprehensive of the night? Perhaps so. At any rate, she went to bed with a greater feeling of reassurance than she had experienced at any time since she had been told she was to begin her first night term.

A Point of View

In relating this experience, my purpose has been to help create a point of view, rather than to give concrete rules to be put into practice. The supervisor should recognize the fact that the novice is subject to frequent emotional disturbances, fear being one of the most common, and that only as learning progresses, is greater poise achieved. She should recognize that as the result of fear, efficiency in acts of skill, and capacity for judgment, reasoning, and learning, are all decreased. Her aim should be to help the student overcome this handicap and this is not an easy task, nor can it be accomplished in a short time. Above all, it necessitates understanding and patience on the part of the supervisor.

THE "M.G.H." SCHOLARSHIP

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of \$300.00 to a graduate of this school, who is in good standing, to enable her to attend any of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. These courses include: teaching in schools of nursing; supervision in schools of nursing; public health nursing; supervision in public health nursing. Applications will be received by Miss Martha Batson, the Montreal General Hospital, until June 15, 1935.

Department of Private Duty Nursing

THE EIGHT-HOUR DAY

FLORENCE DEWEY, Private Duty Nurse, Montreal.

The great problem of private duty nurses to-day is "unemployment." Practically any nurse, not eligible in other fields, is automatically relegated to the ranks of private duty. This adds to our numbers and increases our responsibility and that we should bear the whole burden seems unjust. We feel that this is a problem to be dealt with by the organized profession as a whole and we look for co-operation and support. Recent statistics show forty per cent of private duty nurses to be in straitened circumstances with nothing better in prospect. Our plight has been "cussed and discussed," suggestions have been made for experimentation in hospitals for a period of "five years or so," after which time, results will be studied. These suggestions are well meant but largely conjectural; what is more, a glance at nurse registries and bank statistics would indicate that by the end of "five years or so" we, as a professional unit, may be completely extinct.

Due to early influences, we have been inclined to pass up sound business principle in order to listen to high-sounding ethical platitudes. Not infrequently this latter counsel is that of people who are themselves economically secure. Furthermore, exhortation does much to fortify the spirit but little to provide nourishment for the body. In order to emerge from the present economic doldrums we must base our next move on factual, not ethical material. Our future rests in our own hands and it is only by the energetic backing and co-operation of every private duty nurse in the Dominion of Canada that we may hope to bridge the gap between the patient of moderate means and the qualified nurse, to our mutual advantage. We propose the eight-hour day as one solution. This plan would mean the

employment of a nurse, for a period of eight hours only, at a reduced fee, or the employment of three shifts of nurses, over a period of twenty-four hours, at a reduced fee for each, but without any increase in the total cost to the patient over and above what he now pays two nurses who each work for twelve-hour periods. This system is already in operation in a number of cities and towns in the United States and some experiments are under way in Canada. What are its advantages?

The Patient

The patient gets better service. Experiments with micro-motor films show that indecision and inaccuracy come about as a result of fatigue. Dr. Johnson, of the American University at Washington, states that "a person very tired is slightly insane." The aim of the nurse is to give the best possible nursing care; what better guarantee can we have of providing it than by insisting upon reasonable working hours? Surely this would promote a speedy recovery. A tired nurse affects her patient adversely, whereas the refreshed nurse has beneficial psychological as well as better technical effect.

The average patient first demands one hundred per cent efficiency; after that, what? Nothing less than alert, spontaneous, intelligent and versatile companionship. An eight-hour day would make this possible. In the *Survey*, 500 doctors agree that private duty nurses are ignorant of the events of the day. Do you wonder?

Should a patient, looking forward to a long convalescence wish to keep only one nurse in attendance, he has more chance of making a suitable selection with a choice of three as against two. Furthermore, at the end of twelve hours, does not the patient get bored with our face?

We see dozens of other people in our twenty-four hours. Why then should not they relish a change of personality? As for the adjustment of special nurse to general floor duty nurses, reports from various hospitals state that this is effected simply and pleasantly without inconvenience to patient or staff.

The Doctor

Doctors say: "Where are the nurses of the old school who worked untiringly, sometimes day and night?" Where are they now? Gone, sirs, under the sod; worn out before their time! As to reports and rounds, and the extra trouble with three nurses, doctors have a guarantee of more observant co-operation and intelligent execution of their orders. An article in the *American Journal of Nursing* states that 98 per cent of patients prefer the eight-hour schedule. Please your patient and you will please your doctor. It is true that prior to its adoption, many doctors opposed the eight-hour plan, but these same doctors in many instances now prefer it as a means of procuring a better quality of service.

The Hospital

We nurses are willing to accept less money in order to give to the patient a twenty-four hour service at the same cost. But this can only be possible if the hospitals will meet us half-way by reducing the charge now made for our meals. Some American hospital boards have generously supported this movement by following the example set by the nurses, and have sacrificed this part of their income. Canadian hospitals will surely not be less co-operative.

The Nurse Herself

American hospitals, where this plan is in operation, show an increase in employment of twenty-six per cent, with proportional increase in earnings. Contradiction of this statement cannot be sustained, for, in each and every case, all nurses with the exception of those working more than twenty-five days per

month, show an increase in income. The eight-hour day would provide an opportunity for outside interests whereby we could improve our status intellectually, culturally, and physically. We all have hobbies, some of which might be capitalized in our spare time; but in enforced leisure our minds are too harassed for any clear thinking. An eight-hour day would afford the mental attitude inductive to concentration by which we might carry out some of our more progressive ideas. One journal cites instances of two nurses, both working on the eight-hour schedule, one of whom spent her leisure hours in learning occupational therapy, the other in taking a business course. Both girls fitted themselves for positions in their respective departments, thereby helping not only themselves but automatically depleting the ranks of the specials as well. With us, at present, such creative forces are numbed and all our ingenuity goes toward dodging grocery bills and landlords.

Consider the chronic night nurse—she who registers for "day or night" and, inevitably, gets nights. With an option of at least two shifts, this nurse would have some chance to come into contact with the doctor on her case, and with the events that take place in the hours of daylight and action.

Consider the twelve-hour working day from a health standpoint. Such long and irregular hours impair one's physical stability. It is due to that externally "dragged out" feeling, after leaving our beds at 6 a.m. and getting back from our day's work at 8 p.m., that we cry: "We don't live; we exist!" Then there is the social slant. The public are well informed through various channels, of the sad plight of the poor private duty nurse. Their reaction manifests itself in an almost patronizing pity in place of the respect that our profession has every right to demand. Is this inductive to that dignified, self-confident, spirit that is the right

ful heritage of every nurse? Absolutely not! It is demoralizing; we are in the grip of a social inferiority complex.

Some Obstacles

Reports from six provinces in Canada indicate that a major obstacle in carrying through this plan successfully is the lack of specific knowledge and understanding on the part of the nurses as a whole, and the indifference and timidity of those in positions of leadership. Certain of the more prosperous nurses are accused of holding out against it in order not to curtail their own incomes. Surely, for the good of the cause (and *noblesse oblige*) they should, until graded nursing service is established, be willing to pool their interests.

The objection has also been raised that in the case of a patient having only one or two specials, that the latter, turning the case over to the floor nurses and being aware of some major treatment (such as intravenous, etc.) being due very shortly, would feel morally bound to remain in attendance. These incidents are exceptional; exceptional situations require exceptional service. We have often made good on this score after twelve hours' service and are ready and willing to make an extra effort any time the occasion demands. On the other hand, the nurse who habitually overstays her working hours establishes a poor precedent—for

which she gets little thanks and is certainly not appreciated. Those who have tried this plan advise solidarity of action as a slogan. Once this thing goes through we must be sporting enough to give it fair trial; dissension in the ranks is fatal. United we stand; divided we shall surely fall!

The Public Interest

Public health to a great extent depends on nursing efficiency. The public may mistakenly consider such a change to be costly. At present the cost is being met by sacrifice of health and mental and physical fitness on the part of the nurse. Many private duty nurses are idle, while, at the same time the great majority of sick people, outside of hospitals, are without qualified nursing service. We look forward to the realization of some comprehensive scheme whereby both problems may be solved. Experiments in health insurance and graded nursing service are now in the air; the machinery of industrial recovery is slowly getting under way; more powerful forces than we are employed with the technicalities of these schemes; meantime, let us conserve our strength and give this new plan a fair trial. Let the eight-hour day be our Mecca!

(Many hospital authorities and some private duty nurses do not agree with the ideas expressed in this article. We invite discussion.—EDITOR.)

RELIEVES CONGESTION

Muscular rheumatism, neuritis, sciatica, lumbago, torticollis, as well as other forms of fibrositis, are the cause of a great deal of disability in all walks of life, with a corresponding economic loss. In the physical treatment of these conditions heat, as supplied by a poultice of Antiphlogistine, which maintains a warm, even temperature for hours, may afford more grateful relief to the patient

than any other measure. By promoting correction of the local blood and lymph circulations it helps to relieve the inflammation and congestion, so that the pain is reduced and greater ease of movement follows. Its therapeutic advantages, coupled with the plastic and adhesive nature of the Antiphlogistine, go far towards helping the patient to carry on efficiently with his daily tasks.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Executive Meeting

The Spring Meeting of the Executive Committee, Canadian Nurses Association, was held in Regina, Saskatchewan. Those in attendance were: The President, Miss R. M. Simpson; Miss A. E. Wells, of Winnipeg, Chairman of the Public Health Section, C.N.A.; Miss E. Amas, of Saskatoon, President of the Saskatchewan Registered Nurses Association; Miss A. Lawrie, of Regina, Chairman of the Nursing Education Section, S.R.N.A.; Miss H. Wills, of Regina, Chairman of the Private Duty Nursing Section, S.R.N.A., and Miss Elsie J. Wilson, Honorary Secretary, C.N.A.

Auditor's Statement

The Auditor's Statement of the Canadian Nurses Association for 1934 showed that the Association was in a sound financial condition; this gratifying situation was noted with satisfaction by the Executive Committee.

"The Canadian Nurse"

The report of the Editor and Business Manager of *The Canadian Nurse* stated that the subscription list was increasing, while the chairman of the Publications Committee reported plans for a campaign for circulation in all provinces.

Victorian Order of Nurses

The President, Miss R. M. Simpson, was appointed C.N.A. representative to the Central Board of the Victorian Order of Nurses for Canada.

Joint Study Committee

A letter was read from the immediate Past President of the C.N.A., regarding the future of the Joint Study Committee. After considerable discussion during which the value of the Committee as a link between the Canadian Nurses Association and the Canadian Medical Association was stressed, the following action was agreed upon:

That the Executive Committee of the Canadian Nurses Association communicate with the Secretary of the National Joint Study Committee asking that the National Joint Study Committee broaden its scope of activity to include a study of questions of mutual interest to both the medical and nursing professions which may be referred to this Committee by either Association from time to time, and further to suggest as a matter of immediate consideration, a study of the relation of nursing service to a possible plan of state health insurance.

Nursing Education Section

The report of the Nursing Education Section referred to the proposed Outline of Activities as distributed to the provincial sections, also to the progress of the Committee on Curriculum and to the formation of a Committee on Instruction. The personnel of the latter includes Miss Gladys Sharpe, School of Nursing, The Western Hospital, Toronto, as Convener, and provincial representatives as follows:

Alberta: Miss M. A. Turner, University Hospital School of Nursing, Edmonton. *British Columbia:* Miss A. Cavers, Vancouver General Hospital School of Nursing, Vancouver. *Manitoba:* Miss G. E. Thompson, Misericordia Hospital School of Nursing, Winnipeg. *New Brunswick:* Miss M. Myers, General Public Hospital School of Nursing, Saint John. *Nova Scotia:* Miss H. E. Joncas, Victoria General Hospital School of Nursing, Halifax. *Ontario:* Miss F. Quigley, Victoria Hospital School of Nursing, London. *Prince Edward Island:* Miss F. Platts, Prince Edward Island Hospital School of Nursing, Charlottetown. *Quebec:* Miss N. Mackenzie, School of Nursing, Montreal General Hospital, Montreal. *Saskatchewan:* Miss H. Keeling, Regina General Hospital School of Nursing, Regina.

Private Duty Section

Included with the report from the Private Duty Nursing Section was a copy of the suggested plan of study for Private Duty Nurses which had been sent to the provincial sections. Due to the resignation of Miss C. M. Watling, of Montreal, vice-president of the Section, the Council appointed Miss Jean L. Church, of Ottawa, to that office.

Public Health Section

This Section's report referred also to the outline of programme for the two-year period as sent to the provincial sections.

Provincial Associations

Interesting reports from all the Provincial Associations were received. Plans for refresher courses were announced by Alberta, British Columbia, Nova Scotia and Ontario. Alberta and Ontario reported 16 per cent increase in membership while that for Saskatchewan was shown to have reached the remarkable increase of 70 per cent. The Provincial Associations of New Brunswick, Nova Scotia and Prince Edward Island are studying ways and means in connection with inspection of schools of nursing. Each province announced progress in study of the various projects which were referred to them by the C.N.A.

The Council of the Alberta Association of Registered Nurses has submitted recommendations to local associations of nurses relative to local registries as to, first, control and management; second, scope of development; and third, responsibility toward members.

During the 1935 session of the British Columbia Legislature, the Registered Nurses Act (1918) has been amended. The name of the Association has been changed to read "The Registered Nurses Association of British Columbia." Various other changes in the Act will be announced later. Reciprocal registration arrangements have been ratified between the Registered Nurses Association of British Columbia and the General Nursing Council for Scotland on the same basis as that completed between the Association and the General Nursing Council for England and Wales. The special committee appointed by the Council of the New Brunswick Association of Registered Nurses to prepare an outline of a Community Nursing Bureau, presented their findings under two headings,

namely, personnel and management, and publicity. Following thorough consideration of the Outline it was decided to table the findings pending developments along health insurance lines. A resolution had been received from the St. Stephen Chapter recommending the adoption of the eight-hour day for nurses in New Brunswick. The annual meeting of the Registered Nurses Association of Nova Scotia is to be held in Halifax on July 4 and 5.

A representative delegation from the Registered Nurses Association of Ontario met with the Minister of Health when a brief was presented in connection with Nursing Education in Ontario. The special committee appointed to enquire into the extent and adequacy of nursing service available to the non-hospitalized sick in Ontario prepared a questionnaire which was submitted to every physician in the province during a given week. The information thus obtained was to be tabulated and presented to the annual meeting of the Association.

The Private Duty Section of the Saskatchewan Registered Nurses Association has suggested to all city hospitals in Saskatchewan that an internship, as outlined in the *Survey of Nursing Education in Canada*, of at least six months, be made available to recent graduates. The Public Health Section is making a study of the Survey of Public Health Nursing in the United States with a view to carrying on an examination of this phase of nursing.

Conference of Social Work

In response to a request to the Canadian Nurses Association to contribute to the programme of the National Conference of Social Work, Miss Mary S. Mathewson, Assistant Director, School for Graduate Nurses, McGill University, is to give a paper on "The contribution of health services to social welfare." The Conference is to be held from June 9 to 15, 1935, in Montreal.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: Miss Ella Foerstel (Calgary General Hospital School for Nurses, class of 1924), who has been successfully engaged for some years as assistant operating room supervisor, has recently been appointed anaesthetist on the staff of St. Luke's Hospital, Tokio, Japan. Her letters contain most interesting reports of her work which she is enjoying to the full, as well as conveying the atmosphere of charm which Tokio and its surrounding area has to offer. Her hospital associates and many friends join in congratulating her upon this splendid recognition and wish her every success as she continues her professional career in this far-away field. Miss Evelyn Waddell (Calgary General Hospital School for Nurses, class of 1931) has recently received an appointment with the Provincial Health Department and is now stationed at Fawcett, Alta. She has for the past few years filled most satisfactorily the position of assistant night supervisor in her own School. Her many friends wish her continued success. Miss Kathleen McNeil (C.G.H., 1930) has been appointed to fill the vacancy.

BRITISH COLUMBIA

VANCOUVER: Reciprocal registration arrangements have been ratified between the Registered Nurses Association of British Columbia and the General Nursing Council for Scotland on the same basis as that completed between the British Columbia Association and the General Nursing Council for England and Wales. The Registered Nurses Act (1918) has been amended during the 1935 session of the British Columbia Legislature. The name of the Association has been changed to read "The Registered Nurses Association of British Columbia," and various other changes have been made. Attention is drawn to the Refresher Course to be held July 2 to 12, inclusive. Fuller information may be found elsewhere in this issue.

VICTORIA: The annual meeting of the Jubilee Hospital Alumnae Association was held recently and reports showed considerable activity. The membership numbers ninety-six. Two donations of ten dollars each have been made to the Nightingale Memorial Fund. Our bursary of one hundred dollars was awarded to Miss Connie Todd, a graduate of the class of 1932, for postgraduate work in pediatrics at the Infants Hospital, Vancouver. Our financial activities have met with success and

thanks are due to the untiring efforts of the convener and members of the social committee. The attention of the members was drawn to the Sick Nurses Benefit Fund. Each year, 75 per cent of all dues is transferred to this Fund, and now there is about nine hundred dollars on hand. Any active member who is in need of assistance as a result of sickness may apply.

We regret to report the death of two of our members: Mrs. J. Leetham (née E. Shaw) and of Miss M. M. Marlatt.

NELSON: A meeting of the Nelson Graduate Nurses Association was held on April 2 when an interesting paper was read by Mrs. A. Banks on "The prevention and treatment of diphtheria." A delegate was appointed to represent the Association at the Annual Meeting of the British Columbia Registered Nurses Association. Miss M. Ahier and Miss M. E. Carboneau, both graduates of St. Joseph's Hospital, Victoria, have been appointed to the staff of the Kootenay Lake General Hospital.

MANITOBA

WINNIPEG: The members of the Board of Directors of the Manitoba Association of Registered Nurses, entertained at dinner on March 12, in honour of Miss Winnifred Cummins, a member of the Federal Department of Public Health of Australia, who was a visitor in Winnipeg. Additional guests on this occasion were Misses A. E. Wells, E. Russell, L. Gray, and I. McDiarmid, representing the various public health agencies in Winnipeg, and the Province of Manitoba.

WINNIPEG GENERAL HOSPITAL: At a meeting of the Winnipeg General Hospital Alumnae Association Mrs. Thomas paid high tribute to the memory of Miss Frederica Wilson, who, from 1904 to 1913, was superintendent of nurses at the W.G.H., and whose death occurred on February 18, 1935, at Whonnock, B.C. Following this tribute a two-minute silence was observed. A page in the Minute Book of the Alumnae Association will be dedicated to commemorate her years of devotion and faithful service to the nursing profession and to the Winnipeg General Hospital.

The various groups of the Alumnae Club have been very active during the winter months. The handicrafts and social service groups combined have undertaken to provide clothing for a needy family. The current events group has had some interesting papers on various topics. Winter outings have been

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REGISTRATION OF NURSES Province of Ontario

EXAMINATION ANNOUNCEMENT

An Examination for the Registration of Nurses in the Province of Ontario will be held on May 28th, 29th and 30th.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

Miss A. M. MUNN, Reg.N.,
Parliament Buildings,
TORONTO

enjoyed by the sports group and a play entitled "Tons of Money" was staged by the dramatic group on April 2 at the Dominion Theatre, under the direction of Mrs. Gwladys Ruthford of the Little Theatre.

MARRIED: On Jan. 2, 1935, Miss Myrtle Fairburn (W.G.H., 1926) to Mr. William Sutherland.

MARRIED: On Feb. 22, 1935, Miss Anna McNeil (W.G.H., 1925) to Mr. W. Colborne.

MARRIED: On Jan. 26, 1935, Miss Mildred Reid (W.G.H., 1924) to Mr. A. C. McFetridge.

MARRIED: On Jan. 1, 1935, Miss Florence Taylor (W.G.H., 1928) to Mr. Eric Hinchcliffe.

WINNIPEG: The following excerpts are from a letter from Miss Lucy Junod (W.G.H., '27), who has been home on furlough from Tanganyika, in East Africa, and has now gone to French Equatorial Africa: "From Genoa the sea was rough, but the following morning found us well and happy and glad to be on our way back to Africa. After we left Port Said, we went down the Suez Canal, having to go very slowly as the Canal is not wide enough for two boats to pass. We had to be towed to the side of the Canal several times by a small boat in order to let other ships pass. Three days of damp heat brought us to Port Sudan, where we saw the coral reefs and gathered coral along the shore. Our next point of interest was where the currents of the Red Sea, Indian Ocean and Pacific Ocean meet. We were late in arriving at Mombassa on account of storms and here three of our missionaries met us. We travelled all night to Nairobi, and along the roads the trees were lovely. Finally we arrived in Kijabe, Kenya Colony, and here a bright fire was burning and some found warmer clothing necessary, thus making it difficult for our two new missionaries to believe that they are really in Africa." In a more recent letter, Miss Junod tells of her difficult journey from East Africa to the French Congo, and of her safe arrival there. She has not begun her work as yet but is studying the languages.

BRANDON: The Brandon Graduate Nurses Association held their monthly meeting on March 12, with the private duty nurses in charge. M^{rs}. Fisher introduced the speaker. Dr. H. S. Sharpe, whose subject, "Recent advances in therapeutics," was very instructive. The meeting closed with a social hour. The April meeting was held on April 2, when Miss Fraser was made convener of the nominating committee. The annual dinner is to be held on May 7.

NEW BRUNSWICK

FREDERICTON: The Fredericton chapter of the N.B.A.R.N. held their regular meeting with an attendance of twenty-two. After an instructive lecture on tuberculosis by Dr. Cameron, refreshments were served.

SAINT JOHN GENERAL HOSPITAL: The annual meeting of the Saint John General Hospital Alumnae Association was held on April 1, when the following officers were elected: Mrs. G. L. Dunlop, president; Mrs. F. M. McKelvey, first vice-president; Miss S. Hartley, second vice-president; Miss K. Holt, treasurer; Miss Celia Gleeson, secretary. Additional members of the executive are: Miss M. Murdoch, Miss L. Henderson and Mrs. J. E. Beyea. It was decided to give a prize for the nurse obtaining the highest mark in the 1935 graduating class. The sum of \$5.00 was donated to the Cancer Fund.

SAINT STEPHEN: The C.M.H. Alumnae Association met on March 28 with the president, Miss Dunbar, in the chair. Five dollars was voted to the Nightingale Fund. Miss Giles has returned to St. Stephen after completing a postgraduate course in the Children's Memorial Hospital, Montreal.

MARRIED: Miss Alma Clarke (C.M.H., 1930), to Mr. Laurie Nason.

NOVA SCOTIA

HALIFAX: Nurses leading the province at the last registration examinations were, first, Miss A. Kathleen Redmond, St. Martha's Hospital, Antigonish; second, Miss Lettie M. Turner, Glace Bay General Hospital; third, Miss Mary M. Shearman, Halifax Infirmary. Seventy-nine others were successful. Constable Michael Quinn, R.C.M.P., graduate of the Victoria General Hospital, class of 1931, left recently for Regina, Sask., where he has been placed in charge of the R.C.M.P. hospital. A meeting of the A.G.I.R. Branch was held at Antigonish on March 23. The March meeting of the Valley Branch was held on March 15, at the Payzant Memorial Hospital. Mrs. Hope Mack, superintendent of the Nova Scotia Sanatorium, Kentville, presided, and nurses attended from Kentville, Wolfville, Berwick and other points. Miss Helen Saunders, superintendent of nurses, served tea at the conclusion of the meeting. A meeting of the executive committee of the R.N.A.N.S. was held at the Halifax Infirmary on March 26. The Refresher Course organized by the Halifax Branch was well attended; seventy nurses were enrolled. Miss Lenta Hall, superintendent of the Halifax Branch of the V.O.N., will leave shortly to do a



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month's observation work in New York and other points. Miss Ethel Warner, Dartmouth, has been appointed to the staff of Camp Hill Hospital, Halifax.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Elsie R. Haist, who has been engaged in school nursing in Welland for several years, recently resigned to be married and was succeeded by Miss Isobel Price, who has been connected with the Niagara Peninsula Sanatorium as tuberculosis nurse in the counties of Lincoln and Welland. Miss Price is a graduate of Course Two, Toronto General Hospital and University of Toronto. Miss Miriam Sherwood, graduate of the School of Nursing of the Hospital for Sick Children and of the public health nursing course, University of Toronto, has been appointed to succeed Miss Price at the Niagara Peninsula Sanatorium. Miss B. E. Harris recently resigned from her position as supervisor of public health nurses, Board of Health, Oshawa, and Miss Marie Johnston, graduate of the School of Nursing of the Hospital for Sick Children and a member of the Oshawa staff, was appointed to succeed her. Miss Isobel Pringle, a graduate of the School of Nursing of the Guelph General Hospital and of the public health nursing course, University of Western Ontario, has joined the staff in Oshawa. Mrs. Ethel V. North, graduate of the School of Nursing of the Connaught Training School, Toronto Hospital, Weston, and of the public health nursing course, University of Western Ontario, has been engaged as public health nurse in Cochrane. Miss Lillian Wark, graduate of the School of Nursing of the Toronto General Hospital and of the public health course, University of Toronto, has accepted a position with the Metropolitan Life in Niagara Falls. Miss Marcelle Smith, graduate of the School of Nursing of the Victoria Hospital, London, and of the public health nursing course, University of Western Ontario, is relieving Miss Elizabeth Jones as public health nurse in Weston; we regret to report that Miss Jones has been ill for several weeks. Miss M. F. Ross, school nurse in Belleville, who resigned recently to be married, is succeeded by Miss Elizabeth Earshman, a graduate of the School of Nursing of the Belleville General Hospital. Miss Luella Wing, a graduate of the School of Nursing of the Victoria Hospital, London, and of the public health nursing course, University of Western Ontario, has joined the staff of the Board of Health, Timmins, to assist Miss Florence Farr in tuberculosis work. Miss Margaret I. Harrison, graduate of the School of Nursing of the Toronto General

Hospital and of the University of Toronto public health course, was appointed several months ago as public health nurse in Penetanguishene. Miss Margaret Nealon, graduate of the School of Nursing of St. Michael's Hospital and the public health nursing course, University of Toronto, and formerly of the public health nursing staff of the Ontario Department of Health, has been appointed by the Board of Health, Fort William, for work in the separate schools.

ONTARIO

DISTRICT 1

LONDON: A successful bridge party was held at the Ontario Hospital in which nurses-in-training and graduates of Victoria Hospital, St. Joseph's Hospital, Ontario Hospital, Queen Alexandra Sanatorium and Westminster Hospital took part. Mrs. H. V. Smith was convener, assisted by Miss M. L. Jacobs, Miss M. Walker, Miss A. Bradley, Miss M. Jones, Miss M. Rouatt, Miss O. O'Neill, Miss E. Kennedy and two student nurses from each school. Dr. G. H. Stevenson, Miss M. L. Jacobs and Mrs. H. V. Smith received the guests. Miss P. Angus and Miss G. Perris sang solos.

ONTARIO HOSPITAL, LONDON: Complimenting Miss Catherine Davies, formerly a member of the supervisory staff of the Ontario Hospital, a delightful party was arranged by the nursing staff when she was presented with a Sheffield tea service in honour of her approaching marriage to the Rev. David Jones, rector of St. Mark's Church, Bargoed, South Wales. Miss Davies, who sailed for England on March 3, is a graduate of Watford Royal Infirmary, London, England, and of the Ontario Hospital, London.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: On April 5 a successful bridge was held by the Alumnae Association. The proceeds were in aid of the Mutual Benefit Fund. Miss Louise Shepherd, from the Montreal General Hospital, has been appointed supervisor of the Children's Wing. Miss Hilda Howert has resigned from the staff of the H.G.H., to take a position in a Mission Hospital, New Guinea. She expects to sail in June.

MARRIED: On March 15, 1935, Miss Mary Ward to Dr. Beverly Robinson.

DISTRICT 5

TORONTO: The Community Health Association of Greater Toronto held a meeting on March 20. Motion of adoption of a recommendation from the Committee on Maternal Care was held over until the next meeting. The convener of this committee, Miss Ethel Greenwood, reported a meeting at which its

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members had discussed the new provincial plan for unemployment-medical relief. The committee recommended that constructive suggestions as to the provision of nursing care for relief recipients should be submitted to those administering the scheme. It was decided to hold a bridge to raise funds for the association and Miss Muriel McKay was appointed convener of the committee on arrangements. Mrs. H. J. Cody, a member of the group, gave an address, as representing the Federation for Community Service, and discussed the responsibility of the public and private agency in a community programme.

OVERSEAS NURSING SISTERS ASSOCIATION: TORONTO UNIT: On March 29, the Toronto Unit, Overseas Nurses Association of Canada, held its annual bridge party, which was attended by two hundred members and their guests who were received by the president, Miss L. Gamble, and the vice-president, Mrs. Driver. Mrs. McQueen, social convener, assisted by members of the executive, aided in the success of the evening.

DISTRICT 6

PETERBOROUGH: A special meeting arranged under the auspices of Chapter C, District 6, R.N.A.O., was held March 8 when Miss Ethel Johns, editor of *The Canadian Nurse*, was guest speaker. The afternoon meeting was for nurses only and we had an informal talk and later a spirited debate on the eight-hour system and various insurance schemes. Seventy-five nurses attended, including representatives from Belleville, Cobourg, Oakwood, Lindsay and Apsley. Afternoon tea brought the meeting to a close. In the evening Miss Johns addressed a meeting at which over two hundred people were present. This was under the combined auspices of the members of Chapter C, District 6, R.N.A.O., and the Business and Professional Women's Club and was opened to the general public. The meeting was presided over by Mrs. La Plante, president of the Chapter, and Dr. G. Stewart Cameron introduced the speaker, whose subject was "A Nurse in the House." A vote of thanks was voiced by Miss Fanny Dixon, speaking for the nurses, and seconded by Miss E. Warren Kee, president of the Business and Professional Women's Club. A beautiful bouquet was presented to Miss Johns by little Jean Ferguson and a bouquet of spring flowers to Miss Tracie Pearson, who delighted her audience with a vocal number accompanied by Miss Pearl Smith.

DISTRICT 10

FORT WILLIAM: At the March meeting of District 10, R.N.A.O., held at the McKellar Hospital, Dr. George Jeffreys, superintendent



ON DUTY - OFF DUTY NUGGET

WHITE KID CLEANER
KEEPS WHITE KID WHITE!



of the Thunder Bay Sanatorium, gave an informative address on "Modern Methods of Treating Tuberculosis." He showed X-ray plates illustrating the extent of the disease before and after treatment. The meeting was conducted by Miss Vera Lovelace, chairman of the district, and there was an attendance of forty-one members. Refreshments were served by the nurses of the hospital. Miss McKinnon (McKellar Hospital) is taking postgraduate work at the Toronto Hospital, Weston. Miss Jane Hogarth (McKellar Hospital) has just completed a postgraduate course at the tuberculosis hospital in Winnipeg.

PORT ARTHUR: Miss Isobel Morrison and Miss Doris Shanhan, graduates of St. Joseph's Hospital, have completed postgraduate courses at the Boston Lying-in Hospital. Miss Elaine Marion (St. Joseph's Hospital, 1934) is taking postgraduate work at the Toronto Hospital, Weston.

QUEBEC

MONTREAL: ROYAL VICTORIA HOSPITAL: The monthly meeting of the Alumnae Association was held on March 14 when Miss Ethel Johns, editor of *The Canadian Nurse*, gave a brief address. Miss Eileen Potts (R.V.H., 1932) has taken the position in the hydrotherapy department formerly occupied by Miss Marguerite McDougall (R.V.H., 1923).

MONTREAL GENERAL HOSPITAL: Miss Louise Shepherd (class of 1928) has resigned her position at the M.G.H. as pediatric supervisor to take a similar one in the Hamilton General Hospital. On February 20, the nursing and dietetic staffs of the Central and Western Divisions gave a dinner in her honour when she was presented with a complete set of the works of J. M. Barrie, in rose leather binding. Miss Muriel Bazin, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, has accepted the position of pediatric supervisor at the Montreal General Hospital. Miss Holt has received a letter from Miss Edythe Ward, who some months ago joined the Grenfell Mission, St. Anthony, Newfoundland; she writes of her experiences in an interesting way. Friends of Miss Eleanor Sait and of Miss Bessie Briggs will regret to hear that both have been con-

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fined to the hospital as patients, due in both cases to accidents resulting in fractures.

WOMEN'S GENERAL HOSPITAL, MONTREAL: At the March meeting of the Alumnae Association Miss E. Frances Upton gave an interesting address on the "Professional obligations of an Alumnae Association." Miss I. Moore (1930) is in charge of the outdoor department; Miss Evelley (1934) has been appointed as night superintendent, and Miss Logan (1933) is in charge of the third floor. Miss Saunders (1931) is taking a postgraduate course in midwifery in London, England.

QUEBEC: "Capping exercises" were held recently in the School of Nursing of Jeffery Hale's Hospital, attended by staff and student nurses and interested friends. On a table on the platform lay the newly-starched caps, and candles in the school colours, yellow and blue. Presiding were: Miss M. E. Lunam, assistant superintendent; Miss Vivian Wrye, president of the student government organization, and Miss D. M. Anderson, instructress. The ceremony was opened with prayer by the Rev. A. D. Matheson. Then, as the assistant superintendent held a lighted candle which represented the symbolic lamp of Florence Nightingale, the students were called to the platform by the president of the student government organization, who pinned on their caps. The instruc-

tress then handed a candle to each student as she passed and this was lighted from the one held by the assistant superintendent. The students were asked to remember what that light signified and the instructress concluded her address by tracing the origin of nursing traditions. Dr. Delaney, superintendent of the hospital, addressed the class, reminding them that study, accompanied by perseverance, would lead to success. Miss Taylor, senior of the class, on behalf of her classmates, thanked all who had contributed to their success and happiness, and expressed their determination to prove worthy of their caps.

SASKATCHEWAN

SASKATOON: At the March meeting of the Saskatoon City Hospital Alumnae Association it was decided to furnish a room for nurses in the Hospital. Five dollars was voted to the Nightingale Memorial Fund. Miss E. I. Wyatt (S.C.H., 1933), Miss M. J. Horbay (S.C.H., 1934) and Miss M. Fleming (S.C.H., 1934) are taking postgraduate courses at the Saskatoon Sanatorium.

SASKATOON: Miss E. Robinson (S.C.H., 1934) and Miss H. Fast (S.C.H., 1934) have been appointed to the operating room staff at the Saskatoon City Hospital.

FLORENCE NIGHTINGALE MEMORIAL FUND

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:

<i>Alberta</i>	
Nursing Staff, Grand Prairie Hospital	\$ 5.00
<i>British Columbia</i>	
Kimberley Staff	10.00
Graduate Nurses Association, New Westminster	26.00
Sisters of St. Joseph, Comox	5.00
Sisters of St. Joseph, Rossland	5.00
R. W. Large Memorial Hospital, Bella Bella	12.00
Science Girls' Club, U.B.C.	20.00
Student Council, Vancouver General Hospital, Vancouver	40.00

Overseas Nursing Sisters Association (Vancouver Unit)	10.00
Staff, Vernon Jubilee Hospital, Vernon	6.00
A.A., Vancouver General Hospital, Vancouver	35.00
<i>New Brunswick</i>	
From the Nurses of New Brunswick	72.68
<i>Ontario</i>	
A.A., Belleville Hospital, Belleville	5.00
A.A., Cornwall General Hospital, Cornwall	10.00
Overseas Nursing Sisters Association (Hamilton Unit)	5.00
Edith Cavell Graduate Nurses Association, London	15.00

Isobel Hampton Chapter I.O.D.E.,		<i>Quebec</i>	
London	5.00	A.A., Montreal General Hospital ...	50.00
A.A., Public Health Institute, London	5.00	La Filiale des Gardes-Malades de	
A.A., St. Andrews Hospital, Midland	5.00	l'Hôpital de la Providence, Montreal	5.00
A.A., St. Luke's Hospital, Ottawa ..	10.00	Hôpital St. Joseph du Precieux Sang,	
A.A., Nicholls Hospital, Peterborough	5.00	Rivière du Loup	2.00
R.N.A.O. District 9, Soo Group, Sault		Hôpital St. Jean, St. Johns	2.00
Ste. Marie	10.00	<i>Saskatchewan</i>	
A.A., Mack Training School, St.		Regina Registered Nurses Association,	
Catharines	10.00	Regina	10.00
A.A., Memorial Hospital, St. Thomas	5.00	A.A., Regina General Hospital, Regina	10.00
A.A., Public Hospital, Smith's Falls .	5.00	A.A., Grey Nun's Hospital, Regina..	10.00
A.A., St. Joseph's Hospital, Sudbury.	5.00	Saskatoon Registered Nurses Associa-	
Community Health Association, To-		tion, Saskatoon	10.00
ronto	10.00	A.A., Saskatoon City Hospital, Sas-	
A.A., East General and Orthopedic		katoon	5.00
Hospital, Toronto	5.00	Student Club, Saskatoon City Hos-	
A.A., St. Michael's Hospital, Toronto	10.00	pital, Saskatoon	5.00
A.A., St. Joseph's Hospital, Toronto.	10.00		

OBITUARY

CRAIGHEAD—The death occurred in Vancouver, B.C., on February 23, 1935, of Mina B. Craighead. She was a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, and served with distinction during the Great War. Her attractive personality endeared her to all who knew her, and her courage during her long illness was outstanding.

MATHIESON—Suddenly, at Vancouver, B.C., on March 9, 1935, Mrs. Anne (Whitlock) Mathieson, R.R.C. Mrs. Mathieson was born at Settle, Yorkshire, England, and trained at the Royal Glasgow Infirmary, Glasgow, Scotland. She came to British Columbia in 1912 and with the exception of the years 1914 to 1919, lived in the province. She served with the Queen Alexandra Imperial Nursing Service in France for the duration of the War, receiving the Royal Red Cross and other service medals. On her return she held posts as superintendent of several hospitals and superintendent

of nurses in the Schools of Nursing of the Duncan and Hazelton Hospitals. On her way to nurse a friend she died, as she would have wished—on duty.

MELLAFONT—The death occurred in Winnipeg on February 28, 1935, of Laura Mellafont. She was a graduate of the School of Nursing of the Brockville General Hospital, class of 1898, and was prominently identified with the Victorian Order of Nurses in Montreal, Halifax and Hamilton and was in charge of V.O.N. hospitals at Minnedosa, Man., and Quesnel, B.C. For some time she was a member of the staff of the Children's Hospital of Winnipeg and later served as night supervisor at the General Hospital, Ithaca, N.Y. She was a capable and popular nurse and had many friends who regret her passing.

ROE—The death of Irene Roe (W.G.H., 1926) occurred at Saskatoon, Sask., on February 28, 1935.

... OFF ... DUTY ...

We have purposely refrained . . . from exercising our journalistic privilege . . . of posing as a critic of the arts . . . until a certain moving picture . . . had gone the way of all celluloid . . . so far at least as Canada is concerned . . . We refer to "The White Parade" . . . In fact we had just about decided . . . not to mention the sad affair at all . . . when we came upon some comments . . . in our British contemporaries . . . which so delighted us . . . that we must pass them on . . . The British Journal of Nursing puts it this way: . . . "The nursing profession has, as usual, been gayed" . . . That seemed to us . . . to put the whole thing in a nutshell . . . However, The Nursing Mirror is a little more explicit . . . and remarks that "it is hard to believe that this picture of life in American training schools is quite a true one . . . English nurses will be sorely tempted to laugh in the wrong places" . . . Quite so . . . that is just what happened to us . . . Neither were we surprised to find . . . that the younger generation of Canadian nurses . . . had been equally irreverent . . . The question does arise, however . . . as to what effect . . . such a mixture of vulgarity and false sentiment . . . may have on public opinion concerning nurses and nursing . . . We have heard nurses say . . . "There ought to be a law" . . . but we don't think so . . . because we have no respect whatever for the decision of censors . . . either lay or professional . . . when it comes to matters of taste . . . What really hurts us . . . is to see excellent dramatic material . . . lying around unused . . . for as we have remarked before . . . a really good film . . . could be based . . . on the lively adventure of "training to be a nurse" . . . as we used to say . . . in the gay 'Nineties . . . before we took higher education quite so hard as we do now . . . If and when we are called in . . . as technical adviser . . . to the great minds of Hollywood . . . we are, however, going to be quite stern . . . about some things . . . Florence Nightingale will not be garbed . . . in what looked like an over-sized kitchen apron . . . classes of incoming probationers . . . will not give the impression that they have just escaped from Ellis Island . . . and if we have anything to do with the casting . . . the leading man will not be . . . Mr. X . . . (perhaps we had better not mention his name) . . . Indeed the only time the heroine captured our sympathy . . . was when she decided . . . that single blessedness and the practice of nursing . . . were preferable to a lifetime . . . spent with the gentleman in question . . . Now if it had been . . . (name deleted by censor) . . . we might have leaped from our seats . . . like the children do . . . when Peter Pan asks them . . . please to believe in fairies . . . and begged her to reconsider . . . her austere renunciation of wedded bliss . . . Just this very morning . . . we were happily reassured . . . about the possible effect on public opinion . . . Our elevator boy . . . like all young things who are condemned to live in cages . . . likes to pass the time of day . . . Sometimes we talk about the marvellous exploits of his dog . . . (a most unprepossessing animal) . . . and occasionally we discuss . . . Shakespeare and the musical glasses . . . and the movie of the week . . . "That was a lovely picture . . . that 'White Parade'," said he . . . "Wasn't it?" said we politely . . . "But I don't think most nurses are as pretty as Loretta Young . . . the one we had at the hospital when dad was sick wasn't" . . . "She couldn't be," we replied apologetically . . . We reached our floor . . . and the grating slowly glided open . . . "But dad liked her just the same . . . she was good to him" . . . then as the elevator slid downwards . . . "that picture was a bit slushy, anyway" . . . Public opinion? . . .

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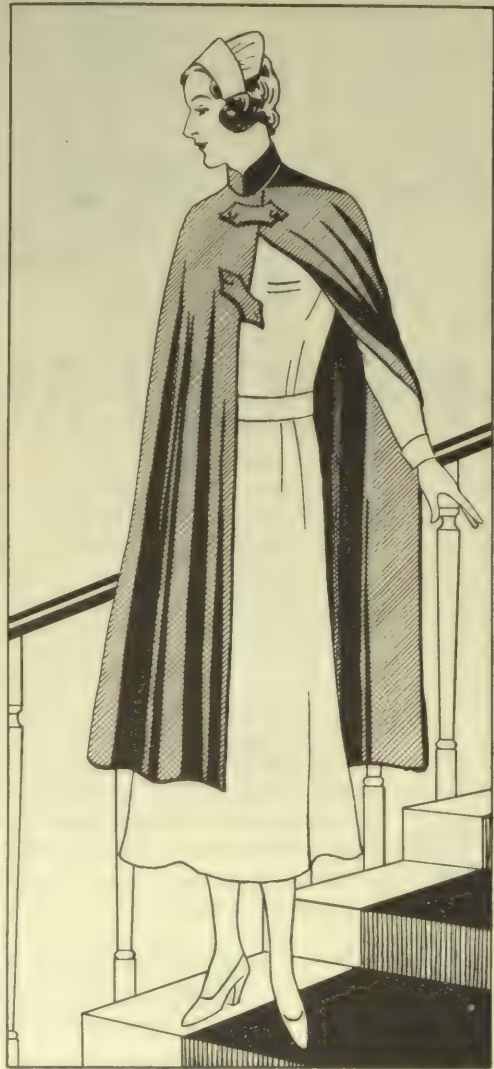
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Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Miss Sarah Archard, Victoria General Hospital, Halifax; Second Vice-President, Miss Anna Hillocoat, Amherst; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, 7 Queens Park Cres., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nurse Education Section,* Miss S. Margaret Jamieson, R.R. No. 1, Brantford; *Private Duty Section,* Miss J. L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section,* Mrs. Agnes Haygarth, 19 Dromore Cres., Westdale, Hamilton; *District No. 1:* Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss P. Schurter, 338 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss A. E. Bingham, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss Florence Kudoba, General Hospital, Stratford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Beatrice Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Isabelle Park, 1348 Yonge St., Toronto; *District No. 6:* Chairman, Miss Florence Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss Marguerite Fitzgerald, 174 Dufferin Ave., Belleville; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; Secretary, Miss A. G. Tanner, Ottawa, Civic Hospital, Ottawa; Treasurer, Miss Mary Acland, Strathcona Hospital, Ottawa; *District No. 9:* Chairman, Miss Elizabeth Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *District No. 10:* Chairman, Miss Vera Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Miss Thelma Graham, 222 Cooke St., Port Arthur.

District No. 1, Registered Nurses Association of Ontario

Chairman, Miss M. Walker; Vice-Chairman, Miss M. Hoy; Secretary-Treasurer, Miss P. Schurter, 338 Princess Ave., London; *Committee Conveners: Nursing Education,* Miss D. Thomas; *Private Duty,* Miss M. Baker; *Public Health,* Miss M. Chambers; Permanent Education Fund, Mrs. Hedley Smith; Membership, Miss G. Versey; Publications, Miss E. Kennedy; *Councillors:* Misses R. Rouatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin and Mrs. Malone.

District No. 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss A. E. Bingham; Vice-Chairman, Miss H. L. Potts; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K. Charnley, A. M. Cook, L. Ferguson, A. MacDonald, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education,* Miss Z. M. Hamilton; *Private Duty:* Miss M. Davidson; *Public Health,* Mrs. J. M. Mitchell.

District No. 4 Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Vice-Chairman, Miss McCort; Secretary-Treasurer, Mrs. N. Barlow, 211 Stinson St., Hamilton; *Councillors:* Misses C. Sheridan, I. Murray, L. McElhone, A. Wright, J. Allen, A. Oram; *Committee Conveners: Nursing Education,* Miss H. Brown; *Public Health,* Miss Edna Bell; *Private Duty,* Miss I. MacIntosh.

District No. 5 Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Sec.-Treas., Miss I. Park, Apt. 95, 1348 Yonge St.; *Section Conveners: Education,* Miss W. Chute; *Private Duty,* Miss M. St. John; *Public Health,* Miss K. McNamara; *Councillors:* Misses J. Anderson, M. Floyd, O. Waterman, J. Farquharson, E. Moore, A. Scott.

District No. 8 Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss M. E. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. J. Lutton; *Councillors*: Misses K. Bayley, M. Hall, M. Moorhead, M. MacLaren, M. Slinn, M. B. Thompson; *Committee Conveners*: Membership, Miss G. Clarke; Publications, Miss E. McIlraith; *Nursing Education*, Miss E. McIlraith; *Private Duty*, Miss M. Hewitt; *Public Health*, Miss H. O'Meara.

District No. 9 Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Rev. Sister Fidelis, Miss Mina Carson, Miss H. Jordan, Miss H. Atkinson, Miss G. Rowden, Rev. Sister Felicitas.

District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Mrs. W. J. Burney, Arden Gold Mines, Kashabowie, Ont.; *Councillors*: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND**Prince Edward Island Registered Nurses Association**

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Conveners of Sections*: *Nursing Education*, Miss F. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss Dorothy McKenna, Summerside; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

Associations of Graduate Nurses**ALBERTA****Calgary Association of Graduate Nurses**

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss M. A. Turner; Second Vice-President, Miss E. Standing; Treasurer, Miss E. Gavin; Recording and Corresponding Secretary, Miss H. S. Peters, University Hospital, Edmonton; Registrar, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. G. Crookford; Second Vice-President, Miss M. Reid; Secretary, Miss V. Crandall, Medicine Hat General Hospital; Treasurer, Miss F. Smith; *Committee Conveners*: Membership, Miss C. Walker; Visiting, Mrs. W. A. Fraser; *Private Duty Section*, Mrs. C. Pickering; Correspondent to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA**Nelson Graduate Nurses Association**

Hon. President, Miss K. E. Gray, superintendent Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie; Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson, B.C.

QUEBEC**Association of Registered Nurses of the Province of Quebec Incorporated 1920**

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcellin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hospital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members*: Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan. *Conveners of Sections*: *Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French) Rev. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; *Public Health* (Bi-lingual), Miss Esther M. Lewis, V.O.N., Montreal; Board of Examiners, Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Miss Ethel Sharpe, 43 Windsor Ave., Westmount; Mlle. Edna Lynch, 4642 rue St. Denis, Montreal; Mlle A. Marie Anyise Déland, Institut Bruchési, Montreal; Mlle A. Marchessault, 3256 ave. Lacombe, Montreal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN**Saskatchewan Registered Nurses Association (Incorporated March, 1917)**

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; Second Vice-President; Miss Jean B. McDonald, 1122 Rae Street, Regina; *Councillors*: Miss Edith Stocker, Sanatorium, Saskatoon, Miss R. M. Simpson, Dept. of Health, Regina, *Conveners of Standing Committees*: *Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeny, Dept. of Health, Regina, *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss Margaret A. Ross, 45 Angus Cresc., Regina.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. McLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balsam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council*: Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners*: Finance, Miss M. I. Teulon; Programme, Miss E. V. Cameron; Membership, Miss M. Dutton; Visiting, Miss J. Johnston; Directory, Miss M. Ogilvie; Social, Miss G. Currie; Representatives: to the Press, Miss G. Archibald; to Local Council of Women, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; *Executive Committee*: Miss T. Locke.

MANITOBA**Brandon Graduate Nurses Association**

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; First Vice-President, Mrs. L. Fletcher; Second Vice; President, Miss V. Vance; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committee Conveners*: Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgins; Social and Programme, Mrs. E. Hanna; Cook Book, Mrs. A. Kains; Private Duty, Mrs. L. Fletcher, Miss Isobel Knox; Registry, Miss C. MacLeod.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents: Miss Bliss and Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian Nurse*, Miss H. Durant, 42 Main St. East; *Committee Conveners*: Social and Flower, Mrs. G. Mulligan.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins; Representative, *Private Duty Section*, Miss E. Morrisette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss

Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: Nursing Education, Mrs. Young, Sr. Mary Helena; Public Health, Miss Smith; Private Duty, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners*: Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90 Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson and P. McConachie.

A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Nainao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners*: Programme, Miss M. Tennant; Membership, Miss M. Ferris; Sick Visiting, Miss H. Arnold; Refreshments, Miss M. Pooley; Sewing, Mrs. L. Gordon; Press, Miss B. Haddon; Mutual Benefit Association Representative, Miss H. Campbell; Representative, V.G.N.A., Miss Rhodes.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres., Miss M. Mirfield; Second Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmillar Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees*: Social, Mrs. J. H. Russell; Sick Visiting, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt Children's Hospital; Treasurer, Miss F. McLeod; Sick Visiting, Miss Ditchfield; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K. McCallum, 181 Enfield Cr., Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriner's Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; *Social Committee*: Miss E. Banks (Convener), 64 Cross St., Winnipeg, Miss J. Williamson, Miss A. Nelson; *Sick Visiting Committee*: Miss T. Grenville (Convener), 211 Hill St., Norwood; Miss K. Rowan, Miss J. Greig; *Press Representative*, Miss B. Altman, 420 College Ave., Winnipeg; *Representatives to Local Council of Women*: Miss B. Altman (Convener), Miss B. Chandler, Miss M. Spooner.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12½ Diana Crt.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; Representative on Training School Committee, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Special Committee, Miss P. Brownell, 215 Chestnut St.; Alumnae Club, Miss F. Tretiak, Broad Valley, Man.; Editor of Journal, Miss F. McRae, 44 Evanson St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee*: Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

ST. STEPHEN

A.A., Chipman Memorial Hospital, St. Stephen

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NOVA SCOTIA

GLACE BAY

A.A., Glace Bay General Hospital

President, Miss L. Turner; 1st Vice-Pres., Miss G. Taylor; Treas., Miss A. Cochrane; Rec. Sec., Miss W. J. MacDonald; Corr. Sec., Miss F. K. Anderson; *Committee Conveners*: Finance, Miss R. MacDonald; Visiting, Mrs. D. MacKernan; *Canadian Nurse*, Miss N. MacKinnon.

WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; *Board of Directors*: Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners*: Programme, Mrs. F. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss H. Fitzgerald; Secretary, Miss M. J. Youmans; Treasurer, Miss I. Chatterson, General Hospital; Flower Committee, Miss B. McEwan; Representative to *The Canadian Nurse*, Miss F. Fitzgerald.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Mrs. Jas. Davidson; Secretary, Miss E. Cunningham; Assistant-Secretary, Miss L. Van Every; Treasurer, Miss L. R. Gillespie; *Committee Conveners*: Social, Miss M. Hollister; Flower, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; Gift, Mrs. E. Claridge, Miss J. Edmondson; *Canadian Nurse* and Press Representative, Miss H. Diamond; Chairman of Private Duty Section, Miss P. Cole; Representative to Local Council of Women, Miss R. Cleaves.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

CHATHAM

A.A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Marian Kearns; Vice-Pres., Miss R. Winter; Sec.-Treasurer, Miss M. Nagle; Corr. Secretary, Miss L. Pettipiece, 46 Park St.; *Executive Committee*: Misses F. McCullough, H. Gray, J. Ross, F. Richardson; Representative District 1, R.N.A.O., and *The Canadian Nurse*, Miss R. Winter.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. I. P. MacIntosh; President, Miss Verna Meldrum; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss H. Hyslop; Vice-President, Miss J. Belle; Secretary, Miss S. Post, 123 Grand Ave. S.; Treasurer, Miss H. McLaughlin, Galt Hospital; Flower Convener, Miss M. VanDyke; Press Representative, Miss R. Evans.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss P. Rowland; Secretary, Miss M. Kennedy, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners*: Social, Miss M. McFarlane; Programme, Miss A. Fennell; Flower, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss Beatrice MacDonald.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss C. E. Brewster; President, Mrs. R. Hess; Vice-President, Miss A. Schiefele; Recording Secretary, Miss M. Bain; Assistant Recording Secretary, Miss H. Walker; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss G. Coulthart, 107 Fairholt Rd. S.; Assistant Treasurer, Miss J. Jackson; Secretary-Treasurer, Mutual Benefit Association, Miss O. Watson, 145 Emerald S.; *Committee Conveners*: Executive, Miss H. Aitken; Programme, Miss V. Phillips; Flower and Visiting, Miss A. Squires; Registry, Miss D. MacRobbie; Budget, Miss G. Coulthart; Representatives: to Women's Auxiliary, Miss J. Stephen; to Registered Nurses Association of Ontario, Miss J. Souter; to *The Canadian Nurse*, Misses R. Burnett, E. Bell, A. Schiefele.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss M. Maloney, 31 Erie Ave.; Representative R.N.A.O., Miss Jean Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. T. J. Ahearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; *Executive*: Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; *Visiting Com.*: Misses N. Speagle, L. Sullivan, L. LaRoque. *Entertainment Committee*: Mrs. R. W. Clarke, Misses N. Hickey.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Misses E. Duncan and E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss M. E. Brien, 204 Alfred Street.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Miss Hazel Murdock; First Vice-President, Miss L. McTague; Second Vice-President, Miss L. Watson; Secretary, Miss Reta L. Gallagher, Kitchener-Waterloo Hospital; Assistant Secretary, Miss Selma Ruhl; Treasurer, Mrs. M. Waugh.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. Reid; President, Miss L. Harding; First Vice-President, Mrs. O. Walling; Second Vice-President, Mrs. M. Thurston; Corresponding Secretary, Miss E. Dawson; Treasurer, Mrs. G. R. Allen; Flower Convener, Miss E. Lowe; Social Convener, Miss K. Mortimore.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Madalene Baker; Second Vice-President, Miss Erla Beger; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Gladys Gray, Press Representative, Miss Stella Gignac; Representatives to Registry Board: Misses Rhea Rouat, Cecile Slattery, Olive O'Neil.

A.A., Victoria Hospital

Hon. President, Miss Hilda M. Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S.; First Vice-President, Mrs. P. Allison; Second Vice-President, Miss E. Swetnam; Recording Secretary, Miss V. M. Ardiel; Corresponding Secretary, Mrs. F. Dowling; Treasurer, Miss I. Stewart, Victoria Hospital; *Board of Directors*: Misses J. Mortimer, A. Malloch, G. Erskine, C. Gillies, M. McLaughlin, A. Evans.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss V. Coutts; First Vice-President, Miss V. Goodland; Second Vice-President, Miss C. Aitchison; Secretary-Treasurer, Miss F. G. Loftus; Corresponding Secretary, Miss E. Quinn, Apt. 4, Wilmett St.; Auditors, Miss Day, Mrs. Sharpe; *Sick Visiting Committee*: Misses McCulloch, Wamsley, Mrs. May.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. Presidents: Miss E. Johnston, Miss O. Waterman; President, Miss G. Adams; Vice-Presidents: Miss A. Reekie, Miss J. Quinton; Treas., Mrs. L. McKay; Rec. Sec., Miss E. Mitchell; Corr. Sec., Miss F. Pearce, 48 Elgin St.; *Board of Directors*: Miss S. Dudenhofer, Miss M. MacLelland, Mrs. Kirkpatrick.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss J. McIntosh, 414 Masson St.; First Vice-President, Miss J. Stewart, 134 Alice St.; Second Vice-President, Miss M. Brown, 170 Athol St. E.; Secretary, Miss E. Clark, 97 Athol St. E.; Assistant Secretary, Mrs. L. Kelly, Simcoe Manor, Simcoe St. N.; Corresponding Secretary, Miss H. Darch, 13 Elgin St.; Treasurer, Miss A. Reddon, 512 Simcoe St. N.

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ENTENTE CORDIALE

Canadian nurses, as an organized group, have been fortunate in having retained through these difficult years the sympathetic understanding and the respect of the medical profession. This happy relationship was greatly strengthened by the fair-minded and thoroughly helpful attitude of the physicians who served as members of the Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association. The *Survey* carried on under the auspices of this committee, owes much of its authority and value to the contribution made by Dr. G. Stewart Cameron in his capacity as chairman and to his medical associates, Dr. A. T. Bazin and Dr. Duncan Graham.

It is a satisfaction to know that this official link between the medical and nursing group is still in being and that the scope of the committee's activities is being enlarged. Dr. Stewart Cameron is still chairman and Dr. Graham continues to serve as a member and, although Dr. Bazin is no longer officially connected with the committee, he still retains his active interest in nursing affairs. Nor is this committee the only link between the two professional groups. The Standing Committee on Curriculum includes in its membership a number of physicians who have made a most valuable contribution to its activities; these are reported upon in this issue, under the caption of the Department of Nursing Education, by the convener of the committee, Miss Marion Lindeburgh.

Another proof of the friendly interest

of physicians in our professional problems is the following editorial, written by Dr. Grant Fleming, which appeared in the April issue of *The Canadian Medical Association Journal*, and is here quoted with the permission of the editor of that Journal:

Problems of the Nursing Profession

The nursing profession of Canada faces its problems with a frankness and courage which might well arouse the envy of others. This is a matter of importance, not only to the nursing profession itself but to the general public, the recipients of nursing care, and, in particular, to the medical profession, which leans so heavily upon the nursing profession in providing for patients the care they require.

It is now generally accepted, following upon the Weir report, that nursing education in Canada leaves much to be desired. The present system is that of apprenticeship, which means that the nurse-in-training is used by the hospital for hospital services instead of devoting her time to her education. It seems obvious that the first step towards better standards of education should be preceded by a definition of the several fields of nursing and the type of nursing personnel required to do the work in these different fields. Conditions have changed since the first training schools were established. The whole field of public health has developed, and in that field the public health nurse has become the most important figure, both numerically and effectively. With changing economic conditions, the appearance of the apartment and the disappearance of the unmarried woman from the home and her entrance into the business world, together with other factors, has come the development of visiting-nurse service in the home. This form of nursing service was started primarily as a service for the less fortunate members of the community by the Victorian Order of Nurses for Canada. This Order has shown that, through the organiza-

tion of a qualified staff of nurses, receiving supervision from a central office, it is practical to provide a nursing service of a high standard. From this beginning the service has been extended to furnish the same type of service for the whole community. The good offices of the Order could well be utilized by the medical profession to a greater extent than they are.

It would appear that the time has come for nursing to follow the other professions out of the apprenticeship stage of preparation into provision for a more adequate system of nursing education. At the last annual meeting of the Canadian Nurses Association, President Wallace of the University of Alberta, delivered an address under the title of "A Challenge to the Profession." This is one of the finest presentations of the subject which has been made, and every practitioner should read it. As an educationist and a humanist, President Wallace sees the need for schools of nursing as a part of the university, to receive only such students as are qualified for university registration, at which schools the student will pay fees and receive an education in the fundamental sciences upon which the profession is based, as well as being given the intellectual training

which allows for a wide, intelligent interest. It can hardly be doubted that this change will come about slowly but surely. We must face the fact that if nursing services are to be on a sound basis, then the nursing profession must be allowed to control the licensing of those who are to practice nursing. Just so long as anyone, regardless of training, is allowed to call herself a nurse, no control can be exercised. Likely, there is a place for visiting housekeepers, and others, to meet the needs of the home which grow out of illness. If so, these should all be controlled through one central body in the interests of the community. This is becoming a matter of practical politics in view of the development of health insurance.

It is high time that the medical profession take a more active interest in the welfare of the nursing profession. It is perhaps fair to say that the nurses must decide what they want; that is not for the medical profession to do, but once the nurses have made their decision, the medical profession should be ready to give the most active and sympathetic support to those efforts which will ensure the best nursing care for those requiring it at terms they can afford to pay.



COMING EVENTS

Reference has already been made in the *Journal* to the refresher course which has been arranged by the Registered Nurses Association of British Columbia in conjunction with the Summer Session of the University of British Columbia. The course begins on July 2 and ends on July 12 and the tentative outline shows a rich and varied programme. The visiting lecturers are Mrs. Mary Marvin Wayland, formerly a member of the faculty of the Department of Nursing Education in Teachers' College, Columbia University, and Dr. Edith S. Bryan, a well-known authority on public health nursing. Members of the faculty of the University of British Columbia will also

participate, and demonstrations of the newer nursing procedures are also to be offered.

Those who can arrange to attend all sessions will find that the course, brief as it is, has been well integrated, on the other hand any single lecture will amply justify attendance. The registration fees have been made flexible: the full course of two weeks duration costs \$5.00; for one week, \$2.50; for a single day or lecture, fifty cents. Application blanks may be obtained from Miss Helen Randal, 520 Vancouver Block, Vancouver. We predict that all British Columbia roads will lead to Point Grey during the first two weeks of July.

LOBECTOMY: THE NURSING CARE

DOROTHY RIDDELL, Head Nurse, Surgical Division, Toronto General Hospital.

Bronchiectasis is a condition in which the bronchi are dilated beyond normal size. It usually occurs in the middle and lower lobes of the lung. Infection is the only known cause which weakens the bronchial walls. This weakening occurs after whooping cough, influenza, pneumonia, or may result from the presence of a foreign body in the lung. The bacteriology of the disease is that which causes its onset, for example, pneumococcus, bacillus of influenza. The symptoms depend upon the degree of development of the disease, and the condition of the surrounding parenchyma of the lung. There is the slow and insidious type of disease which begins at any age, with no distinct onset, but more often it is learned that the patient has had a cough since childhood, yet undergoing few of the constitutional changes, such as persistent fever, night sweats and loss of weight. Often the patient has had repeated attacks of pneumonia in the diseased lobe. The sputum appears yellow and chunky, with a fetid odor, and the patient has very little dyspnoea.

Knowledge of the treatment of bronchiectasis has been advanced recently through the use of a radio-opaque substance, lipiodol, and of the bronchoscope, and by means of experiments in thoracic surgery. Lobectomy is the only cure for bronchiectasis, yet it must only be considered where the patient has a definite disability, such as a copious foul sputum, which causes the patient to be a social outcast, or a chronic well-defined ill-health, due to hemorrhage, pneumonia or progressive constitutional changes. In these cases, all simpler treatments are tried first. Many patients have had bronchiectasis for a long period, but as their only disability is a moderate cough, they are discouraged regarding operation.

After admission to hospital, the patient is allowed out of bed, if there are no contra-indications. This gives the patient as

much freedom as possible, and an opportunity to adjust herself to the ward. She spends as much time as possible in the solarium with the chest exposed to the sunlight. Occupational therapy is invaluable in making the patient "forget" herself. The diet is rich in calories, and well balanced in order to increase her resistance to further infection.

Postural Drainage

Certain positions of the patient allow more advantageous drainage of the sputum in the lung. The position that the patient assumes is with the head lower than the hips, and lying on the side opposite the bronchiectasis. The patient leans over the bed (as shown in the accompanying illustration) with her head touching the floor. This position is maintained from two to ten minutes, depending upon the time required to empty the lung of sputum. This is done about six in the morning, and eight in the evening, or more often if necessary. In the intervening time, the sputum is collected in the usual type of sputum box. This type of "postural drainage" rids the lung of infected material, and decreases chance of spreading infection to other parts of the lung.

Two days prior to operation, the foot of the bed is elevated to an angle of thirty-five degrees. The patient finds it difficult to sleep comfortably with the bed tilted at such an angle, but when it is explained that the purpose is for more adequate drainage, and with the administration of a light sedative, it is not hard to obtain her co-operation.

Pre-operative Measures

The morning of operation is most important. Eleven o'clock is considered the most suitable hour. This time allows the patient an opportunity to rest, to have a light breakfast, and most important of all, to make effective thorough postural drainage in the early morning, and again after the first pre-operative sedative has

been administered. Unless the preparation for operation is well organized, there will be considerable confusion. For this reason, all arrangements for donors for transfusion are made on the previous day. On the morning of the operation, a "cut-down" intravenous of normal saline is started. When the patient is ready to go to the operating room, and before she is too drowsy from the effect of the sedative, the close relatives are admitted. The surgeon and anaesthetist visit the patient at least half an hour prior to operation, mainly for the purpose and reassurance and encouragement. Having once decided to have the operation performed, the patient must never lose faith in its ultimate success. Therefore the work of each and everyone is to inspire confidence.

The Operation

The administration of the anaesthetic is a major problem in the operation for lobectomy. Spinal anaesthesia, nitrous oxide or cyclopropane is used: anaesthesia of ether is not used. A long incision is made between the vertebrae and scapula posteriorly around the lower part of the scapula to the costal cartilages in front. The usual entry to the chest is through the sixth interspace. The ribs adjacent to this entry are dissected near the vertebral end to allow a larger opening. The intercostal muscles are divided and a small puncture is made into the pleura to allow air to enter slowly to retract the lung. If the patient has emptied the lung of excess sputum prior to operation, and if the patient has been impressed with the importance of avoiding coughing, then there is little disturbance of pulse rate or respiration from this procedure. When the diseased lobe has been freed, a snare of heavy cord is passed around it as near as possible to the mediastinum and the loop is drawn tight in an instrument especially designed for this purpose. A second snare is used about one and a half inches distal to the first to prevent the escape of infected material during the resection of

the lung. The incision is then made and the vessels ligated. The stump is sutured to the under surface of the upper lobe.

A small incision is made in the ninth interspace in front of the midaxillary line through which a tube is drawn until it is about one inch from the pedicle of resected lung. The tube is maintained in place by a suture to the diaphragm. When the pleura is closed, in closing the wound, the distal end of the tube is placed under the surface of a bottle containing two per cent lysol solution. The patient is asked to cough. This expresses air from the pleural cavity and permits rapid expansion of the lung. This establishes a "closed" type of intercostal drainage from the chest cavity.

From an intercostal incision in the anterior chest a drainage tube extends two feet below the level of the chest to a bottle containing lysol solution for the purpose of collecting fluid from the chest cavity. This is called a "closed" type of drainage. Therefore dressings are not necessary. The nurse is required to watch the drainage bottle for signs of hemorrhage and guard against misplacement of the tube, and particularly against removing the end above the level of the lysol solution.

Post-operative Measures

While the patient is in the operating room, the usual post-operative preparation is made. In addition, apparatus which may be required is made ready for use, such as the continuous siphon apparatus, and the oxygen tent for the administration of oxygen therapy. Following the operation, a transfusion of blood is given, before she returns to the ward. The operation is a long one, often requiring the patient to be in the operating room for several hours, and after her return, constant and skilful nursing care is required.

It is difficult to make the patient comfortable. The respirations cause continual movement of the lungs, and so the patient

suffers pain. Enough morphia, in doses of one-sixth grain, is given to keep the patient at comparative ease. She is gradually raised to Fowler's position, and given a nourishing and stimulating drink, such as tea or hot lemonade. This often aids in eliminating mucus from the throat as well. The patient is turned frequently from side to side, but she lies the greater part of the time on the affected side in order to promote as much drainage as

is very little. It is important for the nurse to chart daily the amount of drainage from the chest, and to note the quality whether purulent, muco-purulent, blood tinged or mucus. The patient is given syrup of codeia between the periods of systematic drainage as often as necessary to relieve irritation. Twenty-four hours after operation, an X-ray is taken by means of a portable machine. If the X-ray shows an appreciable amount of fluid



POSTURAL DRAINAGE IN BRONCHIECTASIS

possible from the chest, and to give extra pressure to the wound. Fluids are given freely and the intravenous of normal saline continues to run until the first or second day following operation.

Drainage

For an hour night and morning on the first day after operation, the head of the bed is lowered and the foot is elevated to an angle of thirty-five degrees, to promote more effective drainage. There is a marked decrease in the daily output of sputum, and at the end of two weeks, the amount

in the cavity, the continuous siphon drainage is attached to the intercostal drainage tube, which continues until drainage ceases or a bronchial fistula develops. This siphon exerts a slow, steady suction, which varies directly as the height of the column of water between the two jars. If an empyema develops and the amount of fluid is too much to be removed by an aspirating needle, a rib resection or an inter-costal drainage is usually done, and an "open" type of drainage into a dressing pad is establish-

ed. It may be weeks or even several months before an empyema clears up or a fistula closes.

The patient is allowed whatever food she wishes after the second day. The diet required is high in calories and rich in vitamins with the additional medication of reduced iron and cod liver oil. Every thing possible is done to make the meals attractive and appetizing in order that the patient will eat well. She is allowed up about the tenth day, if no complications occur. The important points in the nursing care of a lobectomy are:

1. Close observation of the patient's condition, and accuracy in reporting signs and symptoms; for example, haemorrhage, both primary and secondary, or cessation of drainage.
2. Administration of large amounts of fluid by mouth and intravenous.
3. Thoroughness in carrying out routine postural drainage.
4. Frequent changes in position to promote drainage and prevent pneumonia, which is the most serious complication of lobectomy.
5. Special care as to diet, which should be of high caloric value.
6. Records to be accurate and very complete.
7. Securing and maintaining the confidence and co-operation of the patient.

When discharged from the hospital, the patient's relatives and friends are advised to have the patient live as quiet a life as possible and to establish normal social contacts. These patients have the benefit of the usual system of follow-up, and are given thorough physical examinations at stated intervals. It is not difficult to see that in the nursing care of such an acutely ill patient, the nurse acquires a more scientific method of working. Nor is it hard to understand that during convalescence a great deal of patience and tact is required on the part of the nurse, especially if she is to be successful in helping the patient, who has hitherto been a social outcast, to adjust herself to a normal way of living. This work gives one an opportunity of appreciating the efforts of all those who, in recent years, have experimented in thoracic surgery in order to find a cure for or the amelioration of bronchiectasis.

References: "Bronchiectasis: Aetiology, Diagnosis and Treatment," by W. P. Warner, *The Canadian Medical Association Journal*, August, 1932, and "Experiences in Pulmonary Lobectomy," by N. S. Shenstone and R. M. Janes, December, 1932.

BRITISH COLUMBIA ANNUAL MEETING

HELEN RANDAL, Registrar, Registered Nurses Association of British Columbia.

The annual meeting of the Registered Nurses Association of British Columbia (the new title gained by the changed Registered Nurses Act), was held April 22 and 23, in the auditorium of the Vancouver General Hospital. Meetings of the three sections, which were filled with interesting material relative to the special interest of each were held, and also a meeting of the Council. By the courtesy of the Vancouver General Hospital and at the invitation of Miss Fairley, the members of the Council were entertained at luncheon. Miss Henrietta

Adams, the guest speaker was also present at this delightful function.

The general meeting was opened by the invocation pronounced by the Rev. C. C. Owen. In her presidential address Miss Gray brought to the attention of the audience matters of interest such as the improved office system, the new offices, the plans for refresher course and the passing of the Act regarding the profession of nursing, otherwise the Registered Nurses Act, special notice being given to the new name under which we are now incorporated. Reports by the

registrar, the secretary and the school inspector, made a full afternoon followed by a council meeting. The dinner, held at the Hotel Georgia, was well attended. A most interesting address, in radio news "flash" style, dealing with the latest developments in nursing education was given by Miss Henrietta Adams, who is well fitted to do this by virtue of her position as educational director, Harbourview Division, University of Washington School of Nursing.

The afternoon programme on April 23 was unavoidably subject to change, but two excellent addresses took the place of the panel discussion which had been planned. Dr. Murray Blair, gave a most interesting talk on cancer, followed by Dr. G. F. Amyot, whose address on "Relationships of curative and preventive medicine" gave us food for thought. Tea was served by the staff of the Vancouver General Hospital.

Interesting and full reports were given concerning the following: the Joint Committee for Red Cross Enrolment; plans for the refresher course; *The Canadian Nurse*; Joint Study Committee; League of Nations Society (Canadian Branch); Nightingale Memorial; development of new type of registries; Dominion registration; licensing of nurses; committee

on arrangements for the Biennial Meeting of the Canadian Nurses Association. Dr. J. M. Ewing, at the evening session, gave us a real treat in his address, "Adventures in a strange world", this particular "world" being ourselves—a witty and clever talk on some phases of psychology.

The results of the election were then announced as follows: President, Miss Grace M. Fairley; first vice-president, Miss Elizabeth G. Breeze; second vice-president, Miss Margaret Duffield; secretary, Miss Cora C. Tretheway; Conveners of committees: public health nursing, Miss Margaret E. Kerr; nursing education, Miss Agnes J. McLeod; private duty nursing, Miss Esther Paulson; Councillors: Miss Mary P. Campbell, Miss Maud Mirfield, Miss Kathleen Sander-son, Sister Mary Gregory, Miss Helen Randal. Under the new Act the registrar is appointed by the council, not elected as heretofore.

A handsome bouquet was presented to Miss Mabel F. Gray, the retiring president, by Miss Campbell, on behalf of the association. A social hour brought a most interesting programme to a close. During the proceedings Miss Adams was good enough to speak informally and to give us the benefit of her knowledge.

CHILDREN'S MEMORIAL HOSPITAL Montreal

The position of Superintendent of Nurses in this Hospital is vacant. Applications should be addressed to the undersigned.

This Hospital has a capacity of over three hundred beds. It admits patients suffering from all forms of children's diseases, except those that are contagious. It is a teaching hospital affiliated with McGill University.

R. WILSON, C.A., *Secretary*,
215 St. James St. West, Montreal.

ACTION IN ONTARIO

By way of introduction to an informal report of the recent annual meeting of the Registered Nurses of Ontario we are quoting (without her permission) an excerpt from a letter from Miss Mary Roberts, editor of the *American Journal of Nursing*:

In addition to the complicated routine of the editorial office, there is the imperative necessity for a certain amount of travel in order to keep in touch with important activities. This latter is absolutely essential, in my opinion, from the editorial point of view. *The only way really to know how nurses think and work is to go where they are at work.*

The italics and the sentiments are ours and we here express our sincere gratitude to the Registered Nurses of Ontario for making it possible for the writer to see its officers and members at work.

No reference will be made here to the official aspects of the meeting which, later on, will be dealt with under the caption of *Notes from the National Office*. All that can be done now is to give a general impression of this important conference. It met in Hamilton for three crowded days and was given a royal welcome. The convener of the committee on arrangements was Miss Isabel MacIntosh which explains the smoothness and dispatch with which things moved along. The registration was large, and better still, representative of all the ten districts of old and new Ontario.

Another characteristic of this gathering was the emergence of several of our coming leaders. In fact the enthusiasm and the courage of youth was apparent throughout. The grace and tact of the various presiding officers, Miss Marjorie Buck, Miss Constance Brewster, and Miss Dorothy Percy, created the sort of atmosphere which gave dignity to the proceedings and the secretary-treasurer of the association, Miss Matilda Fitzgerald, performed her duties with her customary quiet efficiency.

Although there were not many formal addresses the programme was very

crowded. Its substance was composed of the reports of the various committees which reflected an outstanding degree of activity during the past year. Space permits brief reference to only a few but, in subsequent issues, some of them will be discussed in greater detail. A report which was received with great interest was that of the Council of Nurse Education of which Miss E. Muriel McKee is chairman. Since this Council is charged with the responsibility of directing nursing education throughout the province its functions are naturally of crucial importance. Important developments may be expected shortly and comment at the present time might be premature. Miss Mary Millman gave an interesting account of the activities of the Ontario Study Committee on nursing education and Miss Edna Moore presented an admirable analysis of some aspects of proposed health insurance schemes.

The work of the committee to study the distribution of nursing service, of which Miss Isabel MacIntosh is convener, is not yet complete but the material already available shows that a statistical basis has now been assembled upon which it will be safe to build further plans. We hope before long to give fuller publicity to this important and original study. The clear and concise report, presented by Miss Ethel Cryderman, of the special committee appointed to study community nursing bureaus was received with great interest. This project is being energetically promoted and it is probable that the necessary funds will be obtained to put it into actual practice.

As always, at these meetings, one would have liked to have possessed a few extra astral bodies so as to be in three places at the same time. The sections of private duty, public health, and nursing education held their meetings concurrently and all of them appear to have been of outstanding interest. The feature of the meeting of the private duty section held

under the direction of the chairman, Miss Jean Church, was an excellent address by Miss May Jones on the "Status of the Private Duty Nurse." We are painfully conscious of how much we missed in not seeing a most amusing skit presented to the public health nursing section under the able direction of Mrs. Agnes Haygarth, chairman of the section but readers of the *Journal* will hear more of this later.

At an open meeting, Miss Margaret Jamieson, chairman of the nursing education section conducted a stimulating round table on "current nursing problems affecting all sections." The very title shows how rapidly old artificial barriers are being broken down. At an open meeting of the public health section a very fine contribution was made by Miss Mary McCormick, supervisor of public health nursing in the New York State Department of Health. Miss McCormick discussed the development of community, maternal and child health services from a number of angles and the *Journal* is to have the privilege of publishing her address in full. It is always a pleasure and a privilege to have the collaboration of our colleagues in the United States. At the second session of the private duty section Dr. John R. Parry of Hamilton gave an outstanding address on "How the private duty nurse can best serve today." As this will also appear in the *Journal* it will not be commented upon further at this time. To any one who knows the extraordinary variety of the Ontario scene the reports of the various districts were full of interest. The following chairmen summed up the activities of their respective districts: Miss Mildred Walker for District One; Miss Alice E. Bingeman for Districts Two and Three; Miss Constance Brewster for District Four; Miss P. Beatrice Austin for District Five; Miss Florence Fitzgerald for District Six; Miss Louise D. Acton for District Seven; Miss M. Blanche Ander-

son for District Eight; Miss H. Elizabeth Smith for District Nine; Miss Vera Lovelace for District Ten. There was a lively rivalry between North Bay and Fort William and Port Arthur (jointly) for the honour of welcoming the next annual meeting. Both groups described the local beauties in glowing terms and the difficult choice was left to the incoming executive to decide.

One of the evening meetings took the form of a banquet at which a most amusing address was delivered by Mr. Louis Blake Duff, president of the Ontario Historical Society. On the second evening a symposium was conducted on the general topic of "Meeting the community's need for nursing service." This meeting was open to the public and was largely attended. Those participating were Controller Nora Henderson of the city of Hamilton, Dr. G. Harvey Agnew, secretary of the department of hospital service of the Canadian Medical Association, and the writer. Controller Henderson is not only a vivid and forceful personality but also a clear and witty speaker and gave an excellent presentation of the economic trends which affect nursing practice and education. Dr. Agnew, as always, displayed a sympathetic understanding of the problems with which we are confronted and indicated a possible way out of some of them.

Hamilton and hospitality are synonymous at any time and this occasion was no exception to the rule. A delightful tea was given at the Hamilton General Hospital; after a "scenic drive" the delegates were entertained by the Hamilton Health Association at the Mountain Sanitarium and a dinner in honour of the board of directors was given by the members of the executive of District Four. The Reverend Mother and the Sisters of St. Joseph's Hospital were hostesses at a reception at "Undermount"; this was a specially enjoyable affair although the Sisters had been kept waiting by the long

programme of the evening session which preceded it.

A number of the delegates had the privilege of attending Benediction at the Basilica of Christ the King. The great beauty of the building and the solemn rite itself were alike an inspiration.

A description of the meeting would be incomplete without a brief reference to the commercial exhibitors who have so faithfully lent their support to gatherings of this kind. Among them were the

following: Ayerst, McKenna & Harrison; J. F. Hartz Co. Ltd.; Ingram & Bell Ltd.; Johnson & Johnson Ltd.; The Macmillan Company of Canada Ltd.; Vitone Company; A. Wander Ltd.; G. H. Wood & Co. Ltd.

This brief sketch, hurriedly prepared, is only intended as an introduction to further publicity concerning this notable occasion. We shall hear more of "Action in Ontario."

MISS IMRIE OF THE J. H. H.

ETHEL M. McCALLUM, Quebec, Que.

In the resignation of Miss F. L. Imrie after thirty-five years of faithful service, The Jeffrey Hale's Hospital has lost one of its pioneer nurses, who feel that she will be as great a loss to the community at large as she is to her hospital. Miss Imrie started her nursing career in 1889 in the original Jeffrey



MISS F. L. IMRIE

Hale's Hospital then situated on the Glacis Street and nursed there until 1901 when, the new hospital being completed, she took her three-years' course, graduating in 1904. She then took a surgical course in the Post-Graduate Hospital in New York and later held a position in the Sloan Maternity Hospital; subsequently she was in charge of the operating room in Bellevue Hospital, New York. In 1906 the McKenzie Building was added to The Jeffrey Hale's Hospital and Miss Imrie was requested to return to Quebec and to organize an obstetrical department which is now known as the Cameron Maternity Wing. She has held the position of superintendent of this department ever since and under her able supervision it has proved a great success. The graduates of the J.H.H. recently gave a reception in her honour, when Dr. Delaney and Dr. Carter both paid tribute to her valuable work. Mrs. Barrow also spoke on behalf of the graduates who then presented Miss Imrie with a large Easter egg containing two government bonds, the presentation being made by Miss Barbara Kennedy, the two-year old daughter of one of the graduates. The medical staff presented Miss Imrie with a handsome handbag and the student nurses gave her a bouquet of pink roses. Miss Imrie's pleasing personality endeared her to patients and student nurses alike for she was ever ready to help and advise. We trust she may have many years to enjoy a well-earned rest and are pleased to know that she will remain in this city.

VICTORIAN ORDER OF NURSES FOR CANADA

It was recently our great privilege to attend, for the first time, the annual meeting of the Victorian Order of Nurses for Canada. The work of this Order, its distinguished leadership and its excellent professional staff are so much a part of our nursing scene that we, as nurses, are perhaps a little too inclined to take them for granted. For many years the V.O.N. has carried on, quietly and effectively, a continuing service to the people of Canada. Do we know as much about it as we should? The answer is in the negative and before long the *Journal* proposes to discuss the salient points of its organization, administration and functions.

In the meantime and by way of introduction, some general impressions of the annual meeting may be of interest. At the outset, the observer was struck by the national scope of this enterprise. Representatives, both lay and professional, were in attendance from all parts of Canada and men and women in many walks of life actively participated in the programme. Two factors of profound significance were constantly apparent: first that the Order itself is something more than the sum of its constituent parts and, second, that here, more than in any other Canadian nursing activity, there is close contact with the community which the Order serves.

It is not easy to define the Victorian Order in terms of a national entity. The influences which have made it so are somewhat intangible. The Governor-General spoke of it as, in some sense, the child of Government House so far as its early beginnings are concerned. Certainly it stems back to the order of the Queen's Nurses in Britain. But that is not all. There seems to be a growing understanding on the part of various local committees of the value of the sound advice and competent supervision afforded by the chief superintendent, Miss Elizabeth Smellie, and her assistants at headquar-

ters. They must have been encouraged and gratified by the tributes paid them by lay representatives from all parts of the country. The nurses of the Order have always recognized the importance of expert direction and now the lay boards are coming to see that there need be no sacrifice of autonomy but rather a pooling of resources as a result of close contact with the Central Office.

Even more far-reaching in its possible effects on nursing practice and education is the close relationship which the Order has consistently maintained with the community it serves. On its directorate, national and local, all parties to the contract are represented. The community, the individual patient, the physician and the nurse meet together to plan the day's task. It may well be that the Victorian Order may serve as a model of that "house of the interpreter" of which nursing at large stands in such need. The symposium which was one of the most interesting features of a crowded programme is a case in point. Just read over the titles of the five-minute addresses: the patient; the physician-health officer; the hospital administrator; the insurance company; the social worker; the clergy; the board member; the legislator; the newspaper; the nurse herself. Each speaker shed a different light on the Order and its responsibilities and relationships. There is no vacuum of "professionalism" here. As a matter of fact only two nurses took any part in the discussion, yet attention was concentrated on nursing service as it now is and as it ought to be and might become.

The presence at the meetings of a number of men and women prominent in political and professional circles gave added dignity and importance. Foremost among these were His Excellency the Governor-General and the Countess of Bessborough who throughout their term of office have spared no effort to encourage and assist the Order in every pos-

sible way. Senator Cairine Wilson not only contributed to the programme but also extended most gracious hospitality as did Mrs. R. L. Blackburn, convener of the advisory committee on nursing.

The Honourable D. M. Sutherland, Minister of Pensions and National Health was the guest speaker at the delightful luncheon tendered the delegates by the President of the Order, the Right Honourable George P. Graham. Upon another occasion Dr. George M. Weir, Provincial Secretary of British Columbia, always a good friend of nurses, demonstrated his continuing interest, especially in our

educational aspirations. The general secretary of the Canadian Medical Association, Dr. T. C. Routley, spoke of the trend of professional responsibilities and other prominent physicians contributed to the various discussions.

Perhaps, after all, the Governor General best expressed the consensus of opinion when he said: "In these days an organization of this sort does infinite good. You have, in Senator Graham one of the finest presiding officers I have ever met, and in Miss Smellie, a directing genius. I feel that all is well with the Order, and that it always will be."

Correspondence

The Land of Cherry Blossom

Miss E. Frances Upton, under whose direction Miss Kathleen Butcher took her post-graduate course in the nursing of tuberculosis, has kindly given the *Journal* permission to



quote from her letter and to publish this charming picture of a group of Japanese nurses who were members of the sanitarium nursing staff at Shinsei Ryoyogo, Obuse Mura, Shinsu:

"Things are going very nicely here after our first year or two of difficult beginnings. One of our medical staff, Dr. Ito, was born in Montreal, but returned to Japan when quite young and took his medical course at Osaka Imperial University. He speaks English fluently and understands our "foreign" outlook. St. Luke's Hospital, which is associated with the American Episcopal Mission in Tokio, has been most co-operative and one of their surgeons comes here to do phrenectomies. We have also been asked to arrange for some experience in tuberculosis nursing for the nurses connected with their public health department. We give our own staff nurses, all of whom are graduates, a three-months' course in theory and practice. We also have ward helpers who answer bells and assist in other ways. We have started an extension to our building which will bring our capacity up to eighty. Most of our accommodation is used for male patients, for men are much more important than women in this land."

Miss Butcher will soon be returning to Canada on furlough.

THE EDITOR'S DESK

March of Events

The past few weeks seem to have been crowded with important developments in the nursing world. First in importance is the presence, as observers, of representatives of the Canadian Nurses Association at the conference of the federal and provincial Ministers of Health of the Dominion of Canada. The official announcement will be found under the caption of *Notes from the National Office* and its great significance should not be overlooked.

The future policies of the Nightingale Memorial Foundation will be discussed in London in July when Miss Gunn will represent the Canadian Nurses Association. The award of the scholarship offered by that association has been made to Miss Gladys Sharpe, a graduate of the School of Nursing of the Toronto Western Hospital. Further particulars concerning her career will be found in *Notes from the National Office*. The best wishes of the *Journal* are extended to this excellent representative of our young leaders.

Reader's Guide

If you are ever inclined to doubt the friendly attitude of the members of the medical profession toward our aspirations to higher educational standards just read "Entente Cordiale" and take heart of grace. Δ Miss Dorothy Riddell, head nurse in the surgical division of the Toronto General Hospital, gives a clear and concise description of the nursing care of lobectomy. Δ No matter what province you may be privileged to live in, it will be good for you to know what the provincial associations are doing in British Columbia and Ontario. Ideas and policies have a way of leaping over provincial boundaries now and then in a rather surprising manner. Δ The interim report of the Curriculum Committee will bring you up-to-date regarding the accomplishment of a hard-working group. Δ

How do you like the "curve" of the School of Nursing in the Alexandra Hospital, Edmonton? We were thrilled to see that *The Canadian Nurse* is the road map which guides the way into the future. Δ Dr. Barrie Coward's articles on "The Nervous Child" have been reprinted in several daily newspapers, with due credit to the author and to this *Journal*. This is the sort of publicity we like. Δ We hate anonymous letters but we believe in putting one to work occasionally. Look at the Department of Private Duty Nursing. Δ There are certain events and ceremonies which have their natural setting in Ottawa. One of these is an Investiture and another is the annual meeting of the Victorian Order of Nurses. We have not captured the subtle atmosphere—but we did experience it. Δ Not long ago a clergyman in the city of Montreal, instead of delivering his usual sermon, read to his congregation from the pages of *The Canadian Nurse*, "The Care of Life" by the late Dean Ira MacKay of whom it may once more be said that "he, being dead, yet speaketh."

The Jubilee Medals

Among the ten thousand Canadians upon whom this medal has been conferred there are many nurses. Unfortunately, at the time of going to press, it has not been possible to obtain a full and authoritative list and we shall therefore be grateful to the various Alumnae Associations and other nursing organizations if they will kindly send in the names of members thus honoured. Some organizations have already done so and these lists will be found in this issue under the appropriate regional heading in *News Notes*. It will be a source of pleasure to our readers to learn that the Executive Secretary of the Canadian Nurses Association, Miss Jean S. Wilson has received this well-merited decoration.

INVESTITURE

Following an ancient and stately ritual, the Governor-General of Canada presided at the investiture of Knighthoods and other honours conferred on Canadians, named in the New Year's list, by His Majesty the King. This ceremony took place on May 3, in the ballroom of Rideau Hall. It will be remembered that three outstanding nurses, Jean Isabel Gunn, Mabel F. Hersey and Jennie Webster were made officers of the Order of the British Empire and all three were happily able to be present and to receive their well-deserved honours in person.

The ceremony itself was one of great simplicity and dignity. Those actually taking part were seated on one side of the room with their relatives and friends on the other. The appearance of the splendidly uniformed Guard of Honour gave the signal that his Excellency and the Countess of Bessborough attended by their suite were about to enter and the company remained standing until they had taken their places on the dais. In order of their precedence, the men and women honoured by the King were then presented to his Excellency and, one by one, approached the dais in order to receive their awards. Among them were distinguished members of the legal and medical professions, gallant soldiers of many ranks, civil servants, men of letters, and the mayors of two of the proudest Canadian cities. Three nurses also were made free of that distinguished company and bore themselves in a manner worthy of the occasion.

The room was very quiet—there was

no applause—nothing but the tense interest of those who watched the long procession. By looking at the eager faces one could tell to which candidate the onlookers "belonged." When Captain Baker, director of the Canadian Institute for the Blind, himself blinded in the Great War, received his decoration, the glowing faces of his two boys showed how proud they were of the honour their father had won at so great a price. Presently our own moment came—for we Canadian nurses feel that Jean Gunn, Mabel Hersey and Jennie Webster "belong" to us all, even though they are the special property of the great schools of nursing and of the hospitals they have so faithfully served. They accepted their honours with the modesty and quiet dignity which are characteristic of them. Nursing may well be proud of its representatives.

At the conclusion of the ceremony his Excellency and the Countess of Bessborough entertained at a delightful reception and at this point we think we ought to be permitted the frivolity of a fashion note. All three to whom we specially "belong" looked exceedingly well, for each had chosen a simple and becoming black and white ensemble and extremely smart hats.

There is a significance in a ceremony of this kind to which we should not be blind. It is not just a matter of titles and honours—it is a royal recognition of unselfish service courageously and generously given without desire or expectation of material reward.

Their glory is not graven on stone but lives on far away without visible symbol, woven in the stuff of other men's lives. For you now it remains to rival what they have done.—Pericles.

Department of Nursing Education

HOW THE CURRICULUM STANDS

MARION LINDEBURGH, Convener, Standing Committee on Curriculum.

Since the organization of the Standing Committee on Curriculum, progress reports have appeared in *The Canadian Nurse* from time to time. The last report was published in December, 1934, and summarized the results of the first curriculum study; it also indicated the trends in thinking in connection with the fundamental administrative and teaching problems relating to nursing education in Canada.

Since the completion of this study, a second has now been completed which is concerned with details relating to the curriculum itself and deals with education in both the class room and the clinical field. This study was participated in by members throughout Canada who are actively engaged in class room and clinical teaching. Further contributions have also been made by members of the staffs of selected schools of nursing under the direction of the principals. This co-operation has been greatly appreciated and now that the analysis stage is completed, the convener would like to thank all members and groups for the whole-hearted co-operation which has been shown in this national enterprise. This Dominion-wide participation will be of great assistance in guiding the Committee in answering three important questions:

1. What are the functions of a nurse in a modern community and what is her relationship to other workers who are serving the public?
2. What should be included in the curriculum by way of theory and practice in order to qualify her to fulfil these functions effectively in the general practice of nursing?
3. How would the necessary experiences be organized, what methods are to be employed and how long may it take

to secure the best results?

The Curriculum Committee is now in a position to begin the actual formulation of the curriculum and a tentative outline of the book itself has been planned and a rough draft of the opening chapters, dealing with the fundamental aspects of a good school of nursing, has been prepared. These were presented at a meeting of the Montreal group, and the members present, including several physicians and hospital administrators, discussed them thoroughly from several angles. In the light of the suggestions and criticisms which were made, the rough draft was revised and has now been sent out to all active members of the committee for further criticism. After all comments have been received, a second revision will be made. This plan will be adopted in regard to the writing of all chapters of the book, and although time consuming, should, from the point of view of the curriculum itself, bring the best results, because it will reflect the opinions of experienced members throughout Canada.

The personnel of the Standing Committee on Curriculum has grown from the original five members, appointed in 1932, to forty-eight, twenty of whom serve in an advisory and consultant capacity and twenty-eight as active members. Every field of nursing service and education is represented and physicians, educators and hospital administrators take an active part in the work of the committee. The present membership is as follows.

Advisors and Consultants

Miss Evelyn Allen, registrar, Central Registry, Ottawa; Reverend Mother Audet, chairman of committee on nursing, Canadian Hospital Council; Reverend Sister Augustine, Directrice de l'Ecole, Hôpital St. Jean de Dieu, Gamelin; Dr. F. Clarke, professor of educa-

tion, McGill University; Miss Kathleen Ellis, superintendent of nurses, Winnipeg General Hospital; Miss Ethel Fenwick, superintendent of nurses, University Hospital, Edmonton; Miss M. F. Gray, assistant professor of nursing, Department of Nursing and Health, University of British Columbia; Miss M. Hall, assistant to the Chief Superintendent of the Victorian Order of Nurses, Ottawa; Dr. A. K. Haywood, superintendent, Vancouver General Hospital; Miss Laura Holland, director of Child Welfare Association, Vancouver; Miss Margaret Kerr, instructor of public health nursing, Department of Nursing and Health, University of British Columbia; Reverend Sister Krause, superintendent of nurses, St. Boniface Hospital; Miss Edna Moore, chief nurse, Provincial Department of Health for Ontario; Miss Ruth Park, chief dietitian, Montreal General Hospital; Miss Anne Slattery, Provincial Department of Health for Nova Scotia; Miss Elizabeth Smellie, chief superintendent, Victorian Order of Nurses, Ottawa; Dr. D. A. Stewart, superintendent, Manitoba Provincial Sanatorium; Miss Mildred Walker, chief of division of study for graduate nurses, Institute of Public Health, University of Western Ontario; Dr. Robert C. Wallace, president, University of Alberta; Dr. George Weir, director of the Survey of nursing education in Canada.

Active Members

Reverend Sister Allard, Hôpitalière-en-chef, Hôtel Dieu de St. Joseph, Montreal; Miss Martha Batson, instructor, Montreal General Hospital School for Nurses; Miss Esther Beith, executive director, Child Welfare Association, Montreal; Miss Gertrude Bennett, superintendent of nurses, Ottawa Civic Hospital; Dr. E. P. Benoit, University of Montreal; Miss C. E. Brewster, superintendent of nurses, Hamilton City Hospital; Mr. W. R. Cheno-

weth, superintendent, Royal Victoria Hospital, Montreal; Miss W. Chute, instructor, School of Nursing of the University of Toronto; Miss Florence Emory, School of Nursing of the University of Toronto; Miss Grace Fairley, principal and director of nurses, Vancouver General Hospital; Miss Nettie Fidler, superintendent of nurses, Ontario Hospital, Whitby; Miss Eileen Flanagan, supervisor, Montreal Neurological Institute; Dr. Grant Fleming, professor of public health and preventive medicine, McGill University; Miss Jean Gunn, superintendent of nurses, Toronto General Hospital; Miss Mabel K. Holt, superintendent of nurses, Montreal General Hospital; Miss Ethel Johns, editor, *The Canadian Nurse*; Miss Marion Lindeburgh, director, School for Graduate Nurses, McGill University, and convener of the Standing Committee on Curriculum; Dr. J. C. Mackenzie, superintendent, Montreal General Hospital; Miss Isabel MacIntosh, private duty nurse, Hamilton; Miss Mary Mathewson, assistant director, School for Graduate Nurses, McGill University; Dr. J. C. Meakins, Professor of Medicine, McGill University; Miss Margaret Moag, district superintendent, Montreal branch, Victorian Order of Nurses; Miss E. Nora Nagle, head of teaching department, School of Nursing, Royal Victoria Hospital, Montreal; Miss Marion Nash, educational director, Montreal branch, Victorian Order of Nurses; Miss A. Schiefele, instructor, School of Nursing, Hamilton General Hospital; Miss Ruby M. Simpson, president, Canadian Nurses Association; Miss Eugenie Stuart, teacher of clinical nursing in the School of Nursing, Toronto General Hospital and in the School of Nursing of Toronto University; Miss E. Frances Upton, executive-secretary-registrar and official school visitor, Association of Registered Nurses of the Province of Quebec and secretary to Standing Committee on Curriculum.

STEPPING STONES

We learn from *The British Journal of Nursing* that an entertainment entitled "Stepping Stones" was recently staged at the Florence Nightingale International House with great success. The cast was composed of twenty-one members of the "Internationals, 1934-1935," and the producer was our own Canadian student, Miss Christine Murray. The amusing

skit is described as being "without a single false or indiscreet allusion although national idiosyncrasies did not escape." Other features were national dances by a Turkish and a Scottish student. A substantial sum was realized which is to be given to the Nightingale Memorial Fund as a token of appreciation on the part of the student group.

HISTORY COMES TO LIFE

The Class of 1937 (Section 2), Royal Alexandra School of Nursing, Edmonton, Alta.

Our course in the history of nursing was introduced by a lecture including lantern slides and interesting legends which were used judiciously and most successfully to stimulate interest in the subject. An explanation of the outline to be followed was given and the instructor organized in chronological sequence, the outstanding ideals, advancements, and figures in nursing history from primitive

handed in to be graded by the instructor. Each student was required to write on at least three topics during the course. The eagerness with which the topics were chosen and signed for was proof of the interest on the part of the students.

To complete the project the class was given the choice of a final examination or the presentation of a pageant. Naturally it chose the latter, thus showing that the



The conception of the Curve of Nursing History as here portrayed was inspired by the end papers of "A Short History of Nursing" by Lavinia Dock and Isabel M. Stewart. The striking design is the work of Miss J. H. Stewart.

peoples to the present time. Her aim was to present the whole course as a class project.

To develop this idea, at the conclusion of each class period, an assignment of five or more topics was posted. A student chose one, signed her name opposite to it and prepared, in essay or outline, the material to be presented at the next class. In the next and succeeding periods the papers were read by the students, interesting discussion followed, and they were

aim had been realized. The end papers of the third edition, "Short History of Nursing," by Dock and Stewart, depicting the "Curve of Nursing," formed the basic idea for the pageant.

The class appointed a committee of three to confer with the instructor in choosing the characters to be portrayed, assigning these to the students together with the general planning of costuming and staging. Each student prepared the most interesting and outstanding material

on the character she represented. These notes were condensed and arranged in logical order to be read during the presentation of the pageant. The reader was dressed to represent the "Spirit of Nursing" as depicted by the central figure of the Nurses War Memorial in the Parliament Building, Ottawa. As she read the description, each figure posed as in a picture, with the exception of Florence Nightingale, who was posed as in a well-known statue. The effect of the picture frame in which each posed was produced by using a fairly large, deep doorway, with a dark velvet curtain as a background, and having coloured flood lights thrown on the figures. The result was quite effective.

The characters in order of their appearance were: A primitive mother; the Goddess of Health, Hygeia; a Greek priestess; early Christian deaconess; a Roman matron, Fabiola; an abbess; a barber surgeon; contagious disease visitor; a Knight Hospitaller; a Béguine; a Franciscan friar, St. Francis of Assisi; St. Eliza-

beth; a Brother of Mercy; a Sister of Charity; Jeanne Mance; a secular servant nurse, Sairey Gamp; a Kaiserwerth deaconess, Freiderika Fliedner; Florence Nightingale; an early Canadian nurse from the Mack Training School, St. Catharines; a Canadian military nurse; a public health nurse of the Victorian Order of Nurses; a modern student nurse.

At the conclusion of the individual poses, all the characters were so posed as to form the "curve," beginning with the primitive mother and ending with the modern student nurse, holding in one hand a copy of *The Canadian Nurse*, and in the other a question mark, significant of the heights yet to be attained in nursing.

The pageant was presented before the Edmonton Division of the Nursing Education Section of the Alberta Association of Registered Nurses and later repeated for the students of the school, their friends and visiting students from another school of nursing.



ON THE ISLAND OF BARBADOS

(Courtesy of the Canadian National Steamships)

Department of Public Health Nursing

THE NERVOUS CHILD

N. BARRIE COWARD, M.D., Halifax, N.S.

Negativism

This state is apt to appear in all children who are directed or urged too much, where control is active but ineffective, where reproofs, appeals, and unheeded expostulations are constantly passing from the mother to the child, and where the mother does not hide from the child the anxiety and distress which his conduct causes. In response to this charged nervous atmosphere the child develops the negativistic attitude. This will be most marked when he encounters the greatest emotional tension in his mother and when he knows his persistent refusal will cause the greatest distress. It is a state of mind in which the child has an uncontrollable tendency to do what he ought not to do and to leave undone what he ought to do, with the result that there is no health left in him. Appeals not to get his feet wet will lead him to walk through every puddle in the street; if mother wants him to wear his heavy overcoat he wants his light one or none at all; if we put him in his go-cart he wants to walk; when he is allowed to walk he wants to go in the go-cart. He demands what we have not got, and what we have he refuses, and so the battle goes.

In young children negativism is not to be regarded in the same light as similar states in the adult. The negativistic child is not really a naughty child, even though his opposition to requests grows with all counter opposition. He is really only irritable and restless from the too frequent thwarting of his natural impulses together with his inability to express his thoughts and desires. It is not a serious state though most annoying and perplexing for the mother. She becomes

worried, tries to get her son to do things, at the same time apprehensive in her own mind that he won't and this all goes to make the negativism worse and to prolong it. As we said before, it is really the response to attempts at control which are at once ineffective and persistent. No child who is being continually upbraided can respect himself.

Negativism is an exhausting process, and to cure it there must be both a tightening and a relaxation of discipline. Those in charge of the child must pass into the background and allow him free play. Appeals and threats must be entirely done away with. The situation must be explained to the mother, and she must cease to be apprehensive. At first let the situation be reversed, and let the mother do the "no-noing", and then, as the child improves, point out and emphasize his good qualities and successes. The line of discipline must be drawn somewhere, but this should be as low as possible, and once drawn, must be rigidly adhered to, and under no circumstances be allowed to waver. As the child approaches nearer and nearer to this limit, no threats must be used, and no attention paid to him, but once punishment is deserved it must descend irresistibly on the offender.

Lack of Appetite

Anorexia, apart from being the direct result of other forms of mental exhaustion, is one of the commonest faults exhibited by the child who lives in an atmosphere of nervous tension and unrest. Closely allied to it are dyspepsia and vomiting. This triad of symptoms is indeed formidable and is used by the child to evoke the emotional outbursts which satiate his power and make him the storm centre. We all know the part the men-

This article is the third and last in a series, the first and second of which appeared in the March and April issues of this Journal.

tal attitude plays in the normal digestive processes—how such states as anger, grief, excitement, worry, undue stress and strain are all connected with a diminished appetite. If this is true in adults, it is very much more so in childhood, where the mind is so unstable and yet so highly developed. In childhood the resultant symptoms are likely to be more frequent and of greater intensity than in later life.

Most of the troubles associated with eating difficulties arise when additional foods are added to the diet. Injudicious comment in front of the child, or force at this stage is unwise because it draws his attention to the article of food in question. It is also unwise to coax by telling him how lovely it is, for this only makes him more apprehensive. Saying nothing, but quietly offering the same food to him on repeated occasions, with the confident idea that he will take it, and not the doubtful one: "Well, I suppose he will refuse it again" will lead to his surprising you by eating it. This is due to the child's susceptibility to suggestion which, as we said before, is very acute.

Other predisposing causes are delay in teaching him to feed himself, because the mother thinks it quicker to do this herself. Similarly, there is delay in learning to masticate, or the accidental fit of coughing which may follow the swallowing of solid food and over which the mother becomes alarmed. Of these predisposing factors the strongest is that force which results in negativism, which is in reality the habit of opposition, the love of power and the desire to attract attention. It is inevitable that haranguing and "no-noing" during the hours preceding meals will mean that the child will "no-no" his meals. It is natural to be more irritable just preceding meal times, a feeling which is replaced by one of contentment after the meal. Thus the child's irritability is increased, and with the increase there is increased opposition,

and so the negativistic phase is often most marked at meal hours.

Sometimes, with older children, the meal is eaten mechanically, so that the psychic changes in the stomach are notably absent as a result of the mental irritability and unrest. In these cases gastric pain or vomiting is likely to follow eating. In the worst cases this nervous vomiting will follow every meal. It is often difficult to associate the mother's history with the physical condition of the child. These children appear to suffer no nutritional disturbances, in spite of the history of repeated vomiting and lack of appetite. This fact really forms the chief difference in distinguishing nervous anorexia from that of organic origin. There is no doubt that many of them eat on the sly when there is no one around and, at these times, show that there is nothing wrong with their appetite nor are they afflicted with the usual post-mealtime vomiting.

When confronted with such cases it is often best to have the child fed by himself, away from the family table, where the conversation is liable to be distracting, and where refusal to eat certain foods is likely to set up a storm of howling and protests which will only serve to increase his nervous unrest by thwarting him. Such children will often eat a satisfactory meal by themselves in the kitchen, whereas if allowed to sit at the table they would eat practically nothing. Dr. R. Hutchison has a verse which he uses in his lectures on nervous anorexia to students at the London Hospital, which sums up this attitude admirably:

There was a young lady named Maud,
Whose friends considered her a fraud,

For to eat at the table,

She didn't seem able,

But out in the kitchen, O Lord!

What are we then to do for these children? Once the diagnosis of nervous anorexia or vomiting is made the treat-

ment is clear. Such drugs as tonics, appetisers, laxatives are useless. Sedative drugs, with the aim of quieting the nervous system, may be useful. There is no necessity of regulating the diet—in fact leaving out this food or that is only likely to delay the cure by attracting the child's attention to it. A permanent cure can only be effected when the faults of the environment have been overcome, when the cause of the nervous unrest has been removed, and when the child's mind is at peace. Therefore, our first attention is turned towards the mother and the situation fully explained to her. She must banish her fears and apprehensions, calm the troubled mental atmosphere, and show no concern about the child's vomiting and lack of appetite. Once the child is convinced that his conduct does not excite any interest, the symptoms soon disappear. When negativism is at the bottom of it, then reversing the suggestion helps. Tell him he is eating better, his appetite is improving every day; even take his plate away from him, once or twice, telling him he has eaten enough. At the same time be aloof, and practise this aloofness not only at meal times, but at all times.

One thing more, when serving food to these children do not heap their plates with food. Small helpings, with second helpings, if wanted, offer a stimulus to improving the diet, whereas piled-up helpings at once fill the child with the idea that he can't eat all that—a stimulus working in the wrong direction. There should also be a definite time limit for meals and, if the child has not finished his meal within the allotted time, the plates should be removed in a matter of fact way, and nothing said to the child about being slow or about his appetite.

Refusal of Sleep

This habit is nearly as common and distressing a habit as the refusal of food, and the underlying causes are much the same—the two principal ones being the

child's susceptibility and his love of the negativistic attitude. Very often this fault begins with the most tactful mothers or nurses and in spite of well laid plans. As a general rule, the hour before bedtime is the nicest of the whole day for the child. He is all dressed up in his best clothes, and the centre of the picture in the drawing room. Now, if he is suddenly snatched out of this and whirled upstairs to bed, it is not surprising that the child screams and resists. He strenuously objects to this sudden termination of his pursuits. The child's mind is slow to act and to accept a less desirable situation. Time must be given for him to accommodate himself to the new situation. One can usually turn his interests to things upstairs, so as not to make the difference so noticeable, and provoke opposition. It is very unwise to "shoo" these children off to bed. If we are not careful there are tears and struggling and then a repetition of this for a couple of nights fixes the idea in the mind of the child that sleep or bed-time is the signal for opposition and tears.

Sleep is produced by suggestion and is a passive state in many cases difficult to assume. Let us see then that mothers are always careful about talking in front of their children of the troubles of going to bed, or what poor sleepers they are; rather let their suggestions be the opposite, thereby aiding the suggestive power of sleep. In the nervous child, his mind is usually teeming with the activities of the day, and it may take some time to quiet him down. It is not always wise to turn out the light and shut the door immediately they are in bed as this is likely to start a fit of crying. Concerning this problem, and that of children who invariably cry as soon as they are put into bed, no hard and fast rule can be laid down. One must first of all distinguish between the purposeful and wilful crying of a child, who is crying merely for attention or for some object, and

that of the emotional crying of a child whose mind is irritable and not at rest. These children often cry because they cannot stop when once they have begun. Their overwrought emotions, the result of the happenings of the day, often break down at this time. There are not many mothers who hear this pitiful sobbing who do not go to console their child. As a result the impression becomes more firmly fixed, and the greater will be the stimulus the following night.

Habit Spasm

This problem, together with lack of appetite and the refusal of sleep, form the three most common behaviour problems in childhood. Habit spasm is seen most often after the age of five years, but may be marked as early as the third year. A habit spasm is a constant repetition of an action which was originally designed to produce one definite result, but which has become involuntary, habitual, and separated from its original meaning. Examples of habit spasm are: twitching of the mouth, swallowing, elongating the upper lip, biting the lips, wrinkling the forehead, blepharospasm, the nervous cough, and so on. Whatever the intensity, such involuntary and habitual movements should not be overlooked, and should be regarded as evidence of mental unrest. Many of these habit spasms have a logical beginning and are associated with some definite organic disorder, but by frequent repetition become uncontrolled. Imitativeness and susceptibility are usually connected with this disorder, the former with the beginning, the latter with the persistence of the habit. Persistent nagging at the boy or girl with a habit spasm is disastrous, for the more he is reproved or entreated the harder does he find it to control. The child has lost control, and unconsciously looks to his mother and family for support only to find dismay, apprehension,

and a feeling of hopelessness. This only serves to increase his realization of his lost control, which in turn makes the habit spasm worse. Let the mother and family treat the whole business in a matter of fact way, realizing that it is only a temporary upset, and the condition will usually disappear in a short time.

Behavior Problems

There are many forms of behaviour problems such as pranks, foolhardiness, abnormal naughtiness, timidity, anxiety, fears, bad temper, temper tantrums, masturbation, breath-holding spasms, stammering, enuresis, and so on. These problems, in many of their forms are rather disorders of personality than of intellect, and are admittedly susceptible of control through external influences to a degree that intellectual capacity is not. We must try to understand our children, not with the adult mind, but with the child's mind; we cannot expect him to reach the standards set by the adult mind. We must not be afraid of our children, as is so evident in homes where the little girl says, "Do it now, if you don't, I'll cry", or "I'll go into one of my furies." Home must not be a dictatorial institution, but one where everyone shares its pleasures, sorrows, and responsibilities. By judicious training and handling of their children parents will soon make them realize that parental decisions are wiser and better.

Children live only for today. Their joys and pleasures, disappointments and sorrows, and all the various ups and downs are not projected into the future. It is today, this hour, this minute, that is all important to them and they are not concerned with tomorrow. In closing I would like to quote the following lines from Emerson, which sum up practically all I have said: *Respect the child. Be not too much his parent. Trespass not on his solitude.*

Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

It is not the policy of the *Journal* to take any notice of anonymous letters and they are usually committed to the wastepaper basket where they rightfully belong. However there are exceptions to every rule and the following communication is printed because it was written by a person not herself a nurse, and is a classic example of the fallacies concerning nursing practice and education which are today so prevalent not only among the laity but among nurses themselves. Nevertheless some of the ideas put forward are worthy of consideration and for that reason, and because it gives an insight into the lay point of view, we are breaking one of our strictest rules:

I was at the R.N.A.O. meeting this evening and enjoyed it, but feel as I have always felt during these years of depression, that the nurses are not facing the facts or coming down to a common sense position and, by not doing so, are not bringing themselves to face the problem, of a needy public and a number of unemployed nurses. I am one of the people, and I am not signing my name as it would mean nothing to you, but I feel you do not yet face the real problem, which is simply this. Even our wealthy people, owing to non-payment of dividends or great loss of income cannot afford to pay \$35.00 a week or \$5.00 a day for nurses very long, and with the great rank and file it is an utter impossibility. Fifteen or twenty years ago nurses got from \$18.00 a week, then \$21.00, then \$25.00, and down in Montreal a few years ago they raised their rates to \$6.00 per day. Even our best doctors said it was extremely foolish, but it was passed, and since that time people who often had a nurse for a very trivial illness began to do without and found it much cheaper to go into a hospital or have a practical nurse. Nurses get their three years' training at the expense of the public, not paying for their lectures or tuition and get their board, washing and pocket money besides, and gain a wonderful amount of knowledge useful to them all their lives, even if they do work hard. A teacher has to go to school a long time, buy books and pay board if from an outside place and spends a year

at Normal at great expense. There are today six hundred teachers receiving only \$500.00 a year, out of which they have to pay their board and clothes and with compositions, examination papers at home, they work longer hours than most people think, yet the registered nurses have made no move to reduce their rates.

If a nurse worked even two weeks every month at \$25.00 per week, it would be \$50.00 or \$600.00 per year, and they would get meals when working which would help out some, yet I have never seen any move on the part of nurses to meet the situation by reducing their rates, even though food and clothes are cheaper than for years. Twenty years ago they managed to get along on \$18.00 or \$25.00 per week. It would be easy enough to raise their rates when times improved, but why did they not meet the situation at once like other people have? I venture to say that had they done so three years ago, there would not be many unemployed. When you look the facts in the face can't you realize the terrible burden having an illness is to almost every one but the few wealthy ones? At a hospital to have two nurses and board them costs about \$80.00 per week besides the room and at home the same, and very few even wash up the patient's dishes, and if the mother is ill, extra help is necessary to cook for the nurse.

I know right now of two cases—one man who had a great deal of money but hard hit, and who has had two nurses for a long time, but can't go on at the price, so is looking for a man to look after him, dress him, go driving and take the place of a day nurse as he does not need expert attendance. If nurses were not so expensive no doubt he would keep two on, and it would be a lovely home, but it costs too much. Do you see the point?

This eight-hour shift is not filling the bill, for the doctors say it is disturbing to the patient to have three different nurses in twenty-four hours, all doing things differently. It just means that people are having nurses by the day instead of the week, and the nurses are not getting the work simply because their rates are far too high. It would be a thousand times better to be keeping themselves in practice than waiting for a case. I know another case where a person needs a nurse all the time. They had two for a while but as registered nurses cannot cut their rates,

they engaged a married woman who had been a nurse but not registered. She offered to take twenty-four hours duty at \$25.00 per week and gets three hours off every afternoon and, as her husband is out of work, thinks it is a perfect godsend. If nurses were asking \$25.00 per week as they used to there would be more long cases for some registered nurses. The truth is practical nurses and non-registered nurses are getting the work. I am a householder and have had many nurses in the years I have lived here, and with a not too large salary found it all we could manage

when we had to have nurses a good deal for a sick relative at \$18.00 and \$25.00 per week. When my son was ill with appendicitis, it cost us \$18.00 per week for two nurses and the board of one at the hospital room, operating room and doctors' bills; it cost us well on to \$500.00 for a month's illness. People can't do it. There are not enough sick people anywhere to keep them employed. Why not face it at once instead of beating around the bush?

—A HAMILTONIAN.

Book Reviews

RATS, LICE AND HISTORY, by Hans Zinsser. McClelland and Stewart, 215 Victoria St., Toronto. 301 pages. Price, \$3.00.

This book is described on its title page as: "being a study in Biography, which after twelve preliminary chapters indispensable for the preparation of the lay readers, deals with the life history of typhus fever." The author, Dr. Hans Zinsser, has spent his entire professional life in the study of infectious diseases. His interest in typhus, which began in 1915 in Serbia, has been—despite interruptions—continued since that time. He has followed the disease about in various parts of the world, including Russia and Mexico, and for the last five years has devoted himself almost exclusively to laboratory and field studies dealing with animal reservoirs of the virus, and modes of transmission. He has experimented with the development of a protective vaccine, and of serum treatment.

Dr. Zinsser looks upon typhus and other infectious diseases as "biological individuals which have lived through centuries, spanning many generations of men and having existences which, in their de-

velopments and wanderings, can be treated biographically."

It is refreshingly new and stimulating to be given an opportunity of studying a disease in relation to its economic, political and social effects. Nurses have always been in a position to appreciate the importance of infectious disease as a factor in warfare but very few of us realize the extraordinary part it has played in the rise and fall of civilizations. The pungent wit and the charming literary style of this book lighten its remarkable erudition and make it delightful reading. Every nursing school library should possess this book. It is invaluable as collateral reading.

"WHAT YOU SHOULD KNOW ABOUT." This excellent series of popular handbooks, prepared under the general editorship of Dr. Grant Fleming, is published by the Macmillan Company of Canada. Two have already appeared, one dealing with "Cancer" and the other with "Economical Cooking." A third, entitled "Your heart", will appear shortly. The cost of each booklet is twenty-five cents. The series is sponsored by the Life Insurance Companies of Canada and has the approval of the health service of the Canadian Medical Association.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Federal-Provincial Health Conference

At the first conference ever held between the Federal and Provincial Ministers of Health of the Dominion of Canada, representatives of the Canadian Nurses Association were accorded the privilege of attending as observers. The Conference was held at Ottawa on April 25 and 26, 1935. The delegation from the Canadian Nurses Association consisted of Miss Jean I. Gunn, representing the President, who was unable to attend, Miss Elizabeth L. Smellie and the Executive Secretary. On the previous day to the opening of the Conference the C.N.A. deputation was received by the Acting Premier, Sir George Perley, and by the Minister of Health, the Honourable Donald Sutherland, M.D. During these interviews, Miss Gunn explained the purpose for which the delegation was in Ottawa at that time and laid before the Acting Premier and the Minister of Health, the Outline on Health Insurance and Nursing Services as prepared by a Special Committee of the Canadian Nurses Association of which the President is Convener. The Conference resulted in the decision for the appointment of a Royal Commission on which there will be representation from the medical and nursing associations, labour, financial and insurance interests. This Royal Commission will investigate the whole field of Canada's health services with a view to acquiring data on state medicine and health insurance.

International

At the request of the Executive Committee of the Canadian Nurses Association, Miss Jean I. Gunn will act as proxy for the President at the Interim Conference of the Board of Directors of the International Council of Nurses in July. Miss Gunn, who is a vice-president of the Grand Council of the Florence Nightin-

gale International Foundation, will attend the Ordinary General Meeting of the Grand Council in London during the first week of July and will represent the Florence Nightingale Memorial Committee of the C.N.A. at the same meeting. At a recent meeting, the C.N.A. Executive Committee adopted a resolution that had been submitted with the interim report of the Florence Nightingale Memorial Committee to the effect that the C.N.A. incorporate in a report to the forthcoming meeting of the Grand Council of the Florence Nightingale International Foundation, the recommendations sent forward to that Grand Council in June, 1934.

Scholarship Award

The Florence Nightingale Memorial Scholarship, offered by the Canadian Nurses Association for the year 1935-1936, has been awarded to Miss Gladys Josephine Sharpe, on recommendation by the Scholarship Award Committee of the C.N.A. The scholarship provides for one year of study at the International Courses offered by the Florence Nightingale International Foundation in conjunction with Bedford College for Women and the College of Nursing and residence with maintenance at 15, Manchester Square, London, England. Miss Sharpe will join the Course for Nurse Administrators and Teachers in Schools of Nursing. For the past eight years Miss Sharpe has been science instructor in the School of Nursing of the Toronto Western Hospital. She spent a year at the School for Graduate Nurses, McGill University, where she obtained the Certificate for Teachers in Schools of Nursing. Miss Sharpe has served as chairman of the examination committee of the Centralized Lecture Course, Toronto, and is a member of the Province of Ontario Examination Board for Registration of

Nurses. In 1934 she was appointed convener of the Committee on Instruction of the Nursing Education Section, Canadian Nurses Association.

Forthcoming Meetings

The annual meeting of the Registered Nurses Association of Prince Edward Island will be held on June 11, 1935, while that of the Registered Nurses Association of Nova Scotia will be held in

Halifax, on July 4 and 5, 1935. The National Conference of the Canadian Public Health Association in conjunction with the Ontario Health Officers Association, the Canadian Tuberculosis Association and the Canadian Social Hygiene Council, meets in Toronto, on June 3 to 5, 1935. The National Conference of Social Work meets in Montreal from June 9 to 15, 1935.

FLORENCE NIGHTINGALE MEMORIAL FUND

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:—

Alberta

Miss Janet McGowan, Fairview Hospital, Fairview	\$ 2.00
A.A. Holy Cross Hospital, Calgary ..	10.00
A.A. Public Hospital, Lamont	10.00
Graduate Nurses Association, Medicine Hat	10.00

British Columbia

Staff, Trail-Tadanac Hospital	\$17.50
Staff and Public Health Nurses, Nanaimo Hospital	23.00
Staff, King's Daughters Hospital, Duncan	10.00
Staff, Tranquille Sanatorium	18.00
Staff, General Hospital, Fernie	10.00
School of Nursing, St. Paul's Hospital, Vancouver	10.00
Graduate Nurses Association, Vancouver	40.00
Creston Hospital Women's Auxiliary, Creston	5.00

Manitoba

Manitoba Association of Registered Nurses	100.00
A.A., Winnipeg General Hospital ..	100.00

Nova Scotia

Nova Scotia Registered Nurses Association	8.00
Sister Paul of the Cross, St. Joseph's Hospital, Glace Bay	10.00

Ontario

A.A., Riverdale Hospital, Toronto..	\$10.00
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A.A., Women's College Hospital, Toronto	5.00
A.A., Victoria Hospital, London	15.00
A.A., General Hospital, Woodstock ..	5.00
A.A., McKellar General Hospital, Fort William	10.00
A.A., General Hospital, Niagara Falls	5.00
A.A., Toronto Western Hospital, Toronto	25.00
A.A., St. John's Hospital, Toronto ..	5.00
A.A., Ontario Hospital, London	30.00
A.A., Ross Memorial Hospital, Lindsay	5.00

Prince Edward Island

Graduate Nurses Association of Prince Edward Island	50.00
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Quebec

Nursing Staff, Alexandra Hospital, Montreal	10.00
Edith Cavell Chapter, I.O.D.E., Montreal	5.00
Club of Registered Nurses, Shawinigan Falls	2.00
A.A., Royal Victoria Hospital, Montreal	50.00
A.A., Homeopathic Hospital, Montreal	10.00
A.A., Jeffrey Hale's Hospital, Quebec	25.00
Student Nurses, The Montreal General Hospital	25.00
Student Government, Royal Victoria Hospital, Montreal	25.00
Sister St. Simon and Sister Brennan, St. Mary's Hospital, Montreal ...	10.00

Nursing Staff, Shriners' Hospital, Montreal		3.00	<i>Saskatchewan</i>	
A.A., The Woman's General Hospital, Montreal		5.00	Registered Nurses Association, Moose Jaw	\$ 5.00
L'Association des Gardes-Malades En- registrées de l'Hôpital Ste-Jeanne D'Arc, Montréal		5.00	Registered Nurses Association, Educa- tion Section, Moose Jaw	7.00
			Student Nurses, Regina General Hos- pital, Regina	15.00

DOWN TO THE SEA IN SHIPS

What is more fascinating than to stand at the rail of a ship and watch the strip of water widening between you and the dock? The coloured streamers stretch out their full length and trail in the wake. You are outward bound for a cruise on one of the "Lady" liners, five of which fly the house flag of the Canadian National Steamships.

You go on board at Montreal and for the next three days you sail the blue and tranquil waters of St. Lawrence River and the Gulf. Then after two days of open sea you reach Hamilton in Bermuda and find yourself transported into a new world of semi-tropical beauty. Perhaps you desire to remain on this magic island for two weeks and await the next north-bound "Lady" — or you may be more adventurous and stay with your ship. The next port you touch will be Nassau in

the Bahamas and from there you put to sea once more and go further south to Kingston, the principal port of Jamaica. Here you stay on shore for two and a half days and have an opportunity of exploring the island before the "Lady" is ready to take you home again.

But isn't it too hot at this time of the year? Not at all. The cool Atlantic breezes see to that. And how much does it cost? That depends on you. If you wish to spend the holiday in Bermuda the return steamship fare is as low as \$90.00. Hotel prices vary from \$2.50 per day, American plan, to gilded luxury at \$12.00. If you stay by your ship and go on to Jamaica your hotel expenses while in Kingston are included in the total rate of \$160.00. Why not go down to the sea in a ship this summer — but make sure she is a "Lady" as a "liner" ought to be.



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*Even the drying
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six weeks of sci-
entific control
makes Knox
Gelatine bacte-
riologically
safe.*

Analysis

Knox Gelatine

Protein (14 amino acids) 85.0—86.0%

Calcium Phosphate 1.0—1.2%

Fat (less than) 0.1%

Moisture 13.0—14.0%

Carbohydrate Nil

Knox Gelatine has an extremely low metal content . . . an almost-neutral pH. Odorless.

Of interest in the treatment of muscular dystrophy is the 25% glycine in Knox Gelatine.

A Safe, Tempting Form of Protein

B.P. Gelatine is being prescribed more and more in the diet of the diabetic . . . Knox Sparkling Gelatine in particular. It contains no carbohydrates, coloring matter or flavoring (as in factory-flavored jells), therefore can be used generously with complete safety.

Knox Gelatine can be employed to make a hundred and one flavorsome and appetizing dishes which add color and variety to the diabetic's usually monotonous menu. This brightens the patient's mental state. High in nutritional and caloric value, it is readily assimilated and utilized.

Quite a remarkable product — made as carefully as an ampule solution. For the diabetic, convalescent, tubercular, high-protein, post-operative and infant diet where higher protein content is desirable.

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KNOX GELATINE LABORATORIES,
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Please send me FREE your booklets, "Feeding Sick Patients," "Feeding Diabetic Patients" and "Reducing Diets."

Name

Address

City..... Province.....



... OFF ... DUTY ...

We happened to be passing . . . a head nurse's desk . . . the other day . . . and our editorial eagle eye . . . spotted an old acquaintance . . . It was the clothes book . . . and beside it lay the "patient's valuables" card . . . with a neat little parcel . . . all ready to be taken down . . . to the safe in the business office . . . where thieves cannot break in and steal . . . We began to speculate . . . on what might be . . . inside that parcel . . . Past experience told us . . . that there could be no telling . . . It might be a Masonic emblem ring . . . or an elk's tooth watch charm . . . or perhaps a thin gold band . . . almost worn through . . . after thirty years of marriage . . . Rarely it is a fat roll of bills . . . and often only an old bundle of frayed letters . . . tattered with much handling . . . Sometimes one would find a rosary . . . or a little medal . . . showing the ecstatic profile . . . of Sainte Thérèse de l'Enfant Jésus . . . At other times . . . it might be something more practical . . . such as a license to drive a car . . . or even a set of false teeth . . . (apologies to our dentist, who calls them "dentures") . . . Necklaces of Oriental pearls . . . bought at Woolworth's . . . which never saw an oyster . . . suspiciously brilliant diamond clips . . . and (once) an old stem-winding watch . . . Vanity cases often . . . and occasionally a monogrammed cigarette case . . . somewhat battered, like its owner . . . but still having an air of its own . . . Whatever these packages contain . . . they are usually claimed . . . by the patient when he or she goes home . . . well and happy . . . There is, of course, an alternative . . . about which we will not say much here . . . It is strange that these trifling possessions . . . should retain something of the essence of the person who treasured them . . . long after that owner has left earthly things behind . . . Quite often the entry in the ward book reads . . . "no valuables" . . . That may signify canny Scots caution . . . which does not take chances with its treasure . . . but in the public wards . . . of our great city hospitals . . . it probably means . . . just what it says . . . Few go away sorrowful these days . . . because of great possessions . . . Every now and then . . . the hospital safe has to be house cleaned . . . and the parcels marked "unclaimed" have to be dusted and put back again . . . Once in a children's hospital . . . we were doing this little job . . . and came across a boy's jack knife . . . with two strong blades . . . still brand-new and shining . . . We remembered that it had been a birthday gift . . . given ahead of time . . . to an eager little boy . . . because it was apparent . . . that the day itself . . . would be too late . . . Probably it still lies hidden in that safe . . . even as we write . . . Strange that its blade . . . can pierce to the heart . . . a thousand miles . . . and many years away . . .

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: Under the auspices of the Alberta Association of Registered Nurses a most interesting and helpful refresher course was held recently. Both lectures and practical demonstrations were well attended.

EDMONTON, ROYAL ALEXANDRA HOSPITAL: The graduation exercises of the School of Nursing were held recently, thirty nurses receiving their diplomas. Dr. G. H. Malcolmson addressed the graduating class. Prizes and medals were awarded as follows: for general proficiency, Miss Evelyn Gault; for highest aggregate marks, Miss Inez Erichricson; for second highest aggregate, Miss Alida Berquist; for nursing in surgical, medical and communicable diseases, Miss Margaret Fish; for operating room technique, Miss Ethel McLaren.

BRITISH COLUMBIA

VICTORIA, ROYAL JUBILEE HOSPITAL: The annual reunion dinner of the Alumnae Association was held recently and marked the fifteenth anniversary of the association. The guests of honor included the graduating class of 1935 together with the life members. About eighty-four members were present. An enjoyable evening was brought to a close by an interesting varied programme.

MARRIED: On April 8, 1935, Miss Jean Moore (R.J.H., 1930), to Mr. Granville Bothwell.

NEW BRUNSWICK

SAINT JOHN: The New Brunswick Association of Registered Nurses met recently with Mrs. Van Dorsser in the chair. The association donated twenty-five dollars to the Cancer Fund. The speaker of the evening was Dr. R. H. MacKeen. The private duty section of the Saint John Chapter met recently with Miss H. Reicker in the chair. Eight-hour duty was discussed. Dr. E. C. Menzies gave an instructive lecture on "Nerves as we find them on the wards."

SAINT JOHN: Among the nurses who received the King's silver jubilee medals on May 6, are: Sister Veronica, Adj. M. Challicom, Mesdames Foss, G. E. Barbour, J. L. Mullaly, J. H. Vaughan, J. Gale, Misses M. Retallick, M. Murdoch, E. L. Dickson, L. E. Campbell, S. Brophy, A. Burns, Eva Smith, N. Estabrook, M.B.E., E. Kerr, H. Dykeman, L. Gregory, F. Coleman and L. Smith. Miss Ina Wetmore has recently joined the staff of the Lancaster Military Hospital. Miss G.

Savage and Miss Sue Hartley have been nursing in Montreal recently.

WOODSTOCK: The monthly meeting of the Alumnae Association of the Fisher Memorial Hospital was held recently with Mrs. Harry Dunbar presiding. Ten dollars was voted to the Florence Nightingale Memorial Fund. A variety shower was tendered Mrs. Lawrence Jones, formerly Miss Elizabeth Dunbar.

NOVA SCOTIA

HALIFAX: Miss Maude Retallick, registrar of the N.B.A.R.N., recently visited Halifax, and a number of nurses had the pleasure of meeting her. A delightful afternoon tea was given in her honour by Miss Victoria Winslow, superintendent of the Children's Hospital. Miss Lenta Hall, president of the N.S.A.R.N., recently spent several weeks in New York doing observation work of a public health nature, and later attended the annual meeting of the Victorian Order at Ottawa.

ANTIGONISH: During May, Sister Mary Peter (Marcella McVeigh), and Miss Winnifred Mary McQuaid will receive the degree of B.Sc. in Nursing from St. Francis Xavier University. This course is given in conjunction with St. Martha's School of Nursing, where Sister Mary Peter has been Directress of Nursing for some time, and where Miss McQuaid is a member of this year's class. Miss Jean Vanstone Simpson, Antigonish, who has been doing postgraduate work at the Halifax Infirmary, has accepted a position on the staff of the Halifax Children's Hospital. St. Martha's School of Nursing held its Commencement Exercises on May 17, when eleven nurses, including one male nurse, graduated.

WINDSOR: Payzant Memorial Hospital recently held its graduation exercises when the classes of the last three years were presented with diplomas.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD: Miss Jessie Edmondson has returned after a visit to Los Angeles. Miss E. M. McKee recently attended the sectional meeting of the American College of Surgeons, held in Cleveland, and presented a paper on hospital economy. A meeting of the Alumnae Association of Brantford General Hospital was held recently when the speaker was Mrs. J. N. Mitchell, of the Victorian Order of Nurses, Brantford, who spoke interestingly on the history of the Order.

DISTRICT 4

HAMILTON: At the annual meeting of the R.N.A.O., delegates and guests numbering four hundred were entertained by the staff of the Hamilton General Hospital and members of the Alumnae Association. Those presiding at the tea-tables were: Mrs. W. H. Cooper, Mrs. Hickey, Mrs. Myles Brown, Miss Madden, Miss Wright and Miss Chisholm. Miss Gladys Demoulin (H.G.H.), has returned from a trip to Miami, Nassau and Havana.

MARRIED: On April 30, 1935, Miss Grace Chapman (H.G.H., 1929), to Mr. Robert Price.

ST. CATHARINES, MACK TRAINING SCHOOL FOR NURSES: Miss F. McCarter is taking a postgraduate course at the Royal Victoria Hospital, Montreal. Miss E. Purton (1933) has been appointed matron of the Woodstock Orphans' Home. Miss E. Eades (1933) has been appointed supervisor of the pediatric ward at the Jewish Hospital of Montreal.

DISTRICT 5

TORONTO, TORONTO GENERAL HOSPITAL: Miss Marjorie Rowland (T.G.H., 1929) has been transferred from "A" service to the V. D. and skin clinics in the Peter Larkin outpatient annex. Miss Jane Luzine (T.G.H., 1932), has been appointed to take charge of the gynaecological clinic ward follow-up work. The Alumnae Association held their annual dance in honor of the graduating class on May 3. Miss Jean Mitchell was convener and the hostesses were: Mrs. C. Decker, Mrs. E. A. Gray, Miss Helen Locke, and Miss Mary Meikle, president of the student council. Mrs. Margaret Dewey (T.G.H., 1915), of the social service department was appointed recently to the department of radiology. Miss Sutherland of the social service department, Vancouver General Hospital, is spending three months in the social service department of the Toronto General Hospital.

TORONTO, VICTORIAN ORDER OF NURSES: The Staff Council of the Toronto branch held an informal dinner on May 2 in honor of some retiring members of the staff. Miss Stewart and Miss Bryden are returning to Glasgow after eight years with the V.O.N.,

and Miss Eleanor Crosby, who has made an excellent recovery after several months at Freeport Sanitarium, is returning to England and is planning to take postgraduate work in public health. Between courses Miss Winter and Miss Greenwood hurried away to the broadcasting station to take the part of nurse and patient in a ten-minute skit they had written. This just happened to be Victorian Order night in a series of broadcasts arranged by Federation for Community Service for publicity purposes. On their return the performers repeated the skit for the staff. Miss Grace Cameron, president of the council, gave a report of the annual meeting of the R.N.A.O.

TORONTO WESTERN HOSPITAL: The graduating class of 1935 were entertained at a supper dance on May 3 by the Alumnae Association. Hearty congratulations are tendered to Miss Gladys Sharpe who has been awarded the scholarship offered by the Canadian Nurses Association and will take the courses offered under the auspices of the Nightingale Memorial Foundation at Bedford College and the College of Nursing in London. The official announcement of this award will be found in this issue under the caption of *Notes from the National Office*.

TORONTO: The annual dinner of the Alumnae Association of the Grant MacDonald Training School was held recently when Mrs. C. M. Ash, president, acted as hostess. Greetings were received from Miss E. M. Cook, superintendent of nurses, who was unavoidably detained due to illness. Miss Marion Willet (Class of 1934), has completed a postgraduate course at the Hospital for Sick Children, Toronto.

DISTRICT 7

KINGSTON: The annual meeting of District 7, R.N.A.O., was held on April 10, when Dr. Austin addressed the meeting. Misses A. Baillie, L. Acton, B. Howes, of Kingston General Hospital, and Miss M. Bliss, of Smiths Falls Public Hospital, attended the annual meeting of the R.N.A.O., at Hamilton. Misses M. Sharp, M. Howes and G. Fraser, graduates of the Kingston General Hospital, are doing general duty work. Miss E. Rathburn has

ON DUTY - OFF DUTY
NUGGET
 WHITE KID CLEANER
KEEPS WHITE KID WHITE!



UNIVERSITY OF TORONTO

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During the Session 1935-36, the following work will be offered:

1. Undergraduate Training for Nursing.

A three-year course in nursing which gives preparation for staff work in both hospital nursing and public health nursing. This leads to the School Diploma and qualifies for registration for the practice of nursing in the Province of Ontario.

2. Studies for Graduate Nurses.

One-year programmes which lead to certificates from the School.

Students may enrol for study in any one of the following subjects:—

- A. Public Health Nursing: a preliminary training.
- B. Public Health Nursing: advanced study in special fields.
- C. Studies for Hospital Staff Nurses.

These are commonly called Instructors', Supervisors' and Administrators' Courses. They are arranged particularly for nurses who are preparing for teaching and supervisory work in hospitals and training schools.

Undergraduates will live in residence and a small amount of residence accommodation may be available for graduate students.

For further information apply to:—

The Secretary, School of Nursing, University of Toronto.

resumed her duties after a trip to Florida. Misses Isabel Simpson and Evelyn Galbraith (K.G.H.,) are taking a postgraduate course in surgery in the Kingston General Hospital.

DISTRICT 10

PORT ARTHUR: A meeting of District 10, R.N.A.O., was held recently at Port Arthur. A short play was given by pupils of St. James Public School. Dr. Diamond gave an interesting talk on his trip in Europe.

MARRIED: On February 15, 1935, Miss Marion Strachan (McKellar Hospital, Fort William), to Mr. J. Kraus.

MONTREAL, ROYAL VICTORIA HOSPITAL: A meeting of the Alumnae Association was held recently when Dr. Brow gave an instructive address on "Emergencies in heart disease." The following members of the association were awarded the King's Jubilee medal: Misses Mabel Hersey, Barbara Campbell, Grace Martin, Eileen Flanagan, Kathleen Bliss, E. J. Enright, Jessie Robertson, Edith Buchanan.

MARRIED: On April 19, 1935, Miss Anna MacLeod (R.V.H., 1930), to Dr. Arthur Wade.

MARRIED: On April 29, 1935, Miss Alice Murchison (R.V.H., 1926), to Mr. Cyril Blackmore.

SASKATCHEWAN

MOOSE JAW: During April the Graduate Nurses of Moose Jaw had the honour of presenting the first refresher course for graduate nurses ever held in Saskatchewan. The meetings were held at the Public Library, the Moose Jaw General Hospital and the Providence Hospital, with over fifty members registered. The main purpose of the course was to introduce to the graduate nurse, the more advanced treatment of diseases, new drugs, and diets. Instructive lectures were given on tuberculosis, psychiatry, health clinics, first aid, fractures, pre-natal development and country nursing. The course closed with a supper meeting at which Miss R. M. Simpson, President of the Canadian Nurses Association, gave a very interesting talk on "The nursing field and professional organizations." The course was a decided success and proved very beneficial to all who attended.

SASKATOON CITY HOSPITAL: Medals commemorating Their Majesties' Silver Jubilee have been awarded to: Miss Gretta Munroe (S.C.H., 1920); Miss E. M. Simpson (S.C.H., 1921); Miss M. R. Chisholm (S.C.H., 1923); Miss Edith Amas (S.C.H., 1923); Miss M. E. Grant (S.C.H., 1923).

OBITUARY

HORNBY—On December 30, 1934, there passed away, at the age of sixty-nine years, the oldest and most widely known of the active nurses of Sherbrooke, Que. Miss Carolyn Hornby, a native of Quebec, graduated in 1904 from the Berlin and Waterloo Hospital. She was appointed assistant superintendent in the Sherbrooke Hospital in 1910, afterwards acting as superintendent in the same institution and for the past twenty years she engaged in private nursing. Possessed of a single-hearted devotion to her profession, and blessed with vigorous health and steady nerves, Miss Hornby was called for the most difficult cases and invariably gave her patients faith-

ful and skilful care, making friends not only for herself but for the nursing profession. She nursed almost continuously until stricken by her last illness; at an age when women usually consider themselves entitled to take their ease, this stalwart nurse thought it no hardship to catch the 6.30 a.m. bus in all weather and to go on duty for twelve hours of hard, anxious work; none heard her utter a word of complaint. A charter member of the Graduate Nurses Association of the Eastern Townships, Miss Hornby took a keen interest in nursing activities, and was for many years correspondent to *The Canadian Nurse* for the Association.

REFRESHER COURSE

A refresher course is offered by the Registered Nurses Association of British Columbia in conjunction with the Summer Session of the University of British Columbia from July 2 to July 12 inclusive. This course is open to graduate nurses, student nurses and social workers. The fee is \$5.00 for the full course of two weeks; \$2.50 for one week; fifty cents for a single day or lecture. For further particulars see announcements appearing in the May and June issues of this *Journal*.

For application forms apply to:

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POST-GRADUATE COURSE IN PAEDIATRIC NURSING

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**General Hygienic Management
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Infants.**

**Nursing Care of Orthopaedic
Patients.**

**Medical Asepsis and Cubicle
Technique.**

A certificate will be granted upon the successful completion of the course.

Full maintenance will be provided.

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No. 7



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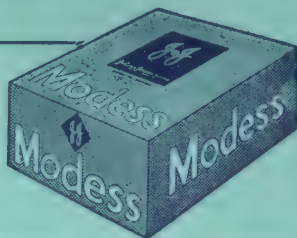
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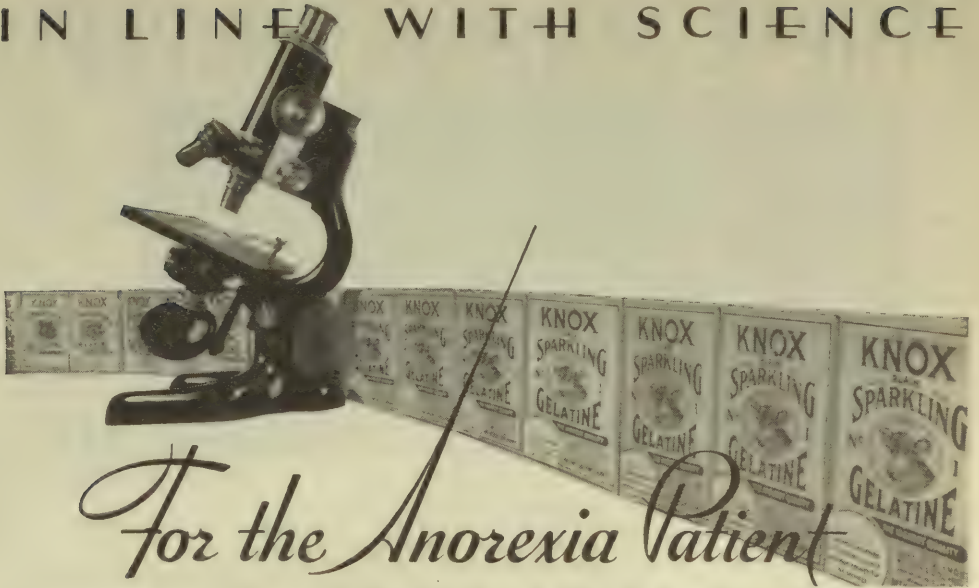
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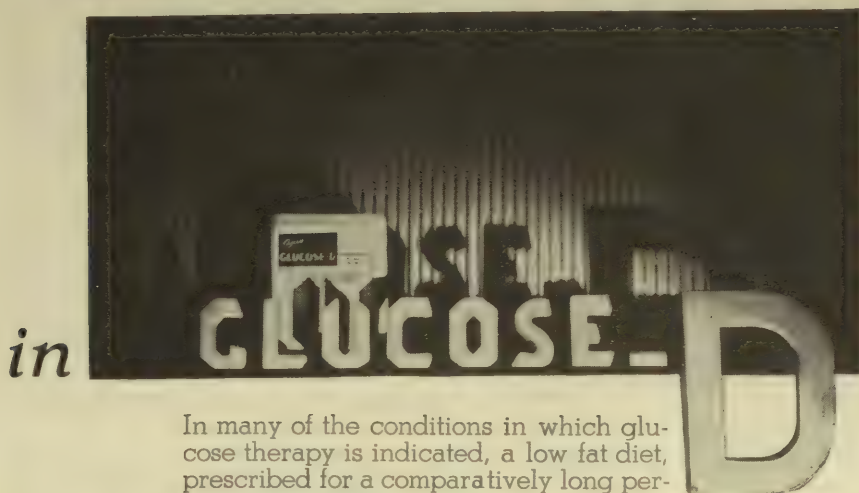
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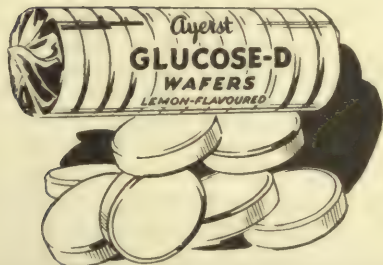


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THE FESTIVAL OF JEANNE MANCE

Every year on the seventeenth day of May, the anniversary of the arrival in Montreal of Jeanne Mance is celebrated in the great hospital, of which she was the Founder. L'Hôtel Dieu de St. Joseph in Montreal is today a stately group of buildings enclosing a quadrangle in which stands the heroic statue of the woman who may justly be called the pioneer lay nurse of Canada. The gracious figure, in its sweeping robes and close cap, bends over a wounded soldier with a gesture of infinite pity and tenderness, and here beside it is the natural setting for the commemoration of her memory.

The ceremonies began with the solemn rite of the Benediction of the Blessed Sacrament which took place in the church attached to the hospital. From behind the grille, with exquisite purity and sweetness, came the voices of the Sisters as they sang the responses to the service celebrated before the High Altar. At the conclusion of this moving and impressive act of faith, a procession was formed, headed by the lay nurses of l'Hôtel Dieu wearing immaculate white uniforms, veils and gloves. Down the long aisle they carried the beautiful wreaths of flowers given by various French Canadian organizations and behind them, two by two, came representatives of other French-Canadian nursing groups, each bearing a lighted candle protected by a shade, on one side of which was a heart symbolic of that of Jeanne Mance and, on the other, a simple Cross.

The long line moved slowly along beside the high gray wall of the hospital

until it reached the courtyard where the wreaths were deposited at the foot of the statue. Later on a delightful one-act play was presented, written by Mademoiselle Marie-Claire Daveluy, of Montreal. This was entitled "A Critical Day in the Life of Jeanne Mance," and was interpreted with dignity, charm and humour by a cast of four persons, three of whom were nurses. The rôle of Jeanne Mance was vividly portrayed by a young lady who, though not herself a nurse, bore such an extraordinary resemblance to Jeanne's portrait that the audience was almost startled when she made her entrance. The action of the play described the manner in which Jeanne Mance dealt with certain administrative difficulties which otherwise might have seriously retarded the development of the hospital.

It was all so natural that it might have happened yesterday and to the lay nurses in the audience it gave a new vision of Jeanne Mance — herself a lay woman — striving to do the wise and just thing in difficult circumstances. For one onlooker, at least, the dividing years melted away. Previous to the ceremonies we had "made rounds" in the hospital with the Reverend Sister Allard, Hospitalière-en-chef, and had seen in the pharmacy the blue and white china jars which Jeanne Mance had brought with her from France. Some of them are still in use and one is used for storing the honey used in dispensing. Perhaps Jeanne herself had, in her practical way, handled that very jar — so, very gently, we touched it with our finger tips.

On the way home we went, all by ourselves, back to the quadrangle. A full moon, and beside it a great star were slowly climbing up the sky. Against the dark dome of the church the statue

gleamed in the moonlight and above it, barely stirring in the soft May wind, drooped the folds of the flag of France, the banner of Jeanne Mance, the first Canadian nurse.

RED CROSS VISITING HOUSEKEEPERS

J. L. BIGGAR, M.D., National Commissioner, Canadian Red Cross Society.

When the mother, wife and home-keeper falls ill, her importance as the central figure and manager of the household is realized. Without her ministrations things fall to pieces; meals are not prepared, babies are not minded, children are not sent off to school, the breadwinner is not fed, all of these absolutely essential affairs of the home go by the board and the result is a complete dislocation of family life. In older and simpler days there was generally some relative to step in and take charge but as modern city life became more complex, this became less and less frequently possible and the need of some professional home-keeper became more and more apparent to those who were engaged in any form of social work.

One of the earliest efforts to meet the situation was made almost ten years ago by the Toronto Branch of the Canadian Red Cross Society. With the advice and co-operation of the famous Dr. Hastings and his public health nurses and of the Victorian Order and other social workers, the Red Cross organized a school for housekeepers and trained students not only to take the place of the mother, temporarily out of the picture, but also to introduce to the family a well-devised and efficient system of house management. The ideals formulated for the Red Cross Visiting Housekeeper service were to keep the sick mother from worries, to allow the breadwinner to continue in employment, to send the children to school properly fed and clothed, and to

further the knowledge of good nutrition and household management.

The undertaking was recognized from the beginning as an experiment. No one knew how acceptable a strange "house-keeper" might be to a family temporarily deprived of its own home-keeper; whether the introduction by this stranger of new ideas and new methods might not be resented, or whether she would be able to hold the family together during the mother's absence. However, as the years have passed, it has been abundantly proved that when the housekeeper has been well chosen and well trained she is welcomed, her services are keenly appreciated and her advice and instruction are cheerfully accepted and gladly followed.

The visiting housekeeper is not in any sense of the word a nurse. During her training she is taught only those things about the care of the sick which every woman should know. Her instructions are that all "nursing" procedures are to be left to those who are qualified to provide them. Neither is she a nutritionist though she is given a solid training in the elementary principles of dietetics and food preparation. She is not a financier but during her course she learns the simple budgetting of the income of an ordinary wage earner. Thus equipped she is able to carry on between the attendances of a visiting nurse if the mother is sick at home, to feed the family intelligently and to expend the bread-winner's wages in the best way.

Under the Toronto scheme, a house-

keeper is assigned to a family during the temporary absence or illness of its own housewife. This assignment is officially limited to three weeks but it may occasionally be extended by special arrangement. The housekeeper comes on duty in the morning in time to get the children's breakfast and send them off to school. Her day ends with the preparation of the evening meal. In the interval she is responsible for those innumerable tasks

the house. She should if necessary improve their habits and ways of living. She should educate the housewife, if she is at home, in the purchase and preparation of food and should teach the whole family, including the father, how the affairs of the home may be managed in the best way. From this outline it will be readily seen that the visiting housekeeper has no simple task, but so far as the right women have been chosen and the proper



VISITING HOUSEKEEPER AT WORK
(Courtesy of Canadian Red Cross Society)

which fall to the lot of the ordinary housewife. The only things which she is not supposed to do are heavy scrubbing and extensive laundry work; all the other needs of the household come under her hands which have been trained to do them efficiently and with the greatest possible economy of effort.

One of her duties which may be worthy of special mention is to train the children to help her with the work of

training has been given them they have been wonderfully successful in meeting their responsibilities and fulfilling the ideals of their organization.

Unfortunately there is a serious drawback to this form of visiting housekeeper service. It is expensive. At the beginning it was hoped that a reasonable amount of the cost might be collected from the families for whom it was provided. This has not been the case. An almost negli-

gible percentage of the families served have been able to pay the full cost and the vast majority of them have not been able to pay anything at all. But there is the possibility that when prosperity returns a much larger number of people will be able to pay for assistance of this kind, the value and benefit of which has been completely established.

This type of visiting housekeeper service is being carried on under Red Cross auspices in four other cities in Ontario. In Toronto, though the Red Cross still contributes towards it, it is no longer responsible for the training of the housekeepers, which has been taken over by the Extension Department of the University, nor for the management of the service which is now in the hands of an independent committee.

In two other parts of Canada other forms of visiting housekeeper service have been devised by the local Red Cross branches. In Saint John a trained housekeeper, who works in very close co-operation with the Victorian Order of Nurses, attends the families who need her services in a manner exactly similar to that which a Victorian Order nurse attends her patients. She visits them daily and in addition to providing the general direction of and instruction in household management, frequently performs some tasks beyond the capacity of those in the household. In Edmonton the Red Cross

has developed a registry of housekeepers. These are competent but not scientifically trained women, as in Ontario and Saint John, and are assigned to the households where they are needed for full-time duty similar in its nature and scope to that given by the Ontario visiting housekeepers.

It will be apparent that the final word has not yet been said in respect to this form of work. The need of someone to take charge of a family temporarily deprived of its usual manager does not require to be emphasized, but one can hardly say that the best way of meeting this need most efficiently and most economically has so far been definitely determined. The question is,—how much will a community contribute towards keeping families in emergency situations happily together, effectively cared for and well instructed in household management? Depending upon the wages paid and administration expenses, the cost varies from a little over \$2.00 to \$3.50 per housekeeper per day. If the cost has to be borne entirely by the organization which is providing the service, the number of housekeepers employed must necessarily be limited or the expense is too great. Still the future may show a substantial development of the service as times improve and as families able to pay for it avail themselves more and more of the very real benefit which it provides.



THE FLORENCE NIGHTINGALE MEDAL

The Florence Nightingale Medal is awarded biennially by the International Committee of the Red Cross at Geneva to a few nurses in various countries who have rendered conspicuous service in war, disaster or for the public good. Three Canadian nurses have previously been awarded this distinction. They are Miss Margaret Macdonald, R.R.C., formerly Matron-in-Chief of the Canadian Expeditionary Forces, Miss Anne Hartley, R.R.C., with bar, Matron-in-Chief for the Hospitals of the Departments of Pensions and National Health, and Miss Vivian A. Tremaine, R.V.O., R.R.C., Nurse-in-charge of the Red Cross Seaport Nursery Service from 1922 to 1933.

On the recommendation of the Canadian Red Cross Society, the International Red Cross Committee has recently awarded the Medal to Miss Jean I. Gunn, O.B.E. and in the presence of a distinguished gathering, it was presented to her on June 6 by the Hon. Herbert A. Bruce, Lieutenant-Governor of Ontario. Among those present were: Mrs. A. H. Campbell; Mrs. H. P. Plumptre, Miss Frances Campbell, Miss Helen Locke, Mrs. W. E. Berkinshaw, Mrs. D. J. MacDougald, Mrs. T. P. Grubbe, Miss Jean E. Browne, Sir Joseph Flavell, Mr. Norman Sommerville, K.C., Col. J. B. MacLean, Mr. Mark Irish, Mr. C. J. Decker, Mr. F. Gordon Osler, Mr. F. D. L. Smith, Dr. J. T. Phair, Mr. H. G. Stanton, Col. A. L. Bishop, Professor George Wrong, Mr. C. S. Macdonald and Mr. C. F. Johnston.

Immediately upon the outbreak of the war Miss Gunn became advisor to the Canadian Red Cross Society on hospital supplies. She acted in this capacity throughout the war and also was of invaluable assistance to the Red Cross Society and the military authorities in Canada in arranging for enlistment of nurses for service in the Canadian Army Medical Corps, the British Army Medi-

cal Service, and the Red Cross Hospital Medical Units of the allied forces.

After the war Miss Gunn provided the Canadian Red Cross Society with expert advice in the elaboration of those features of its peace-time programme that involved the education and employment of nurses. In 1928 she was elected



MISS JEAN I. GUNN, O.B.E.

Honorary Advisor in Nursing to the Society, an office she still holds. In this capacity Miss Gunn has made a great contribution to the Canadian Red Cross Society, not only because of her long and loyal devotion to the Society but also because of her close contact with organized nursing in Canada. Ever since she accepted the position of superintendent of nurses of the Toronto General Hospital, she has been associated with all important developments in the nursing profession in this country and, in many cases, has provided energetic leadership for the obtaining of higher standards and better organization. Miss Gunn, as Vice-President of the International Council

of Nurses, a position which she occupied for several years, and as a member of various international nursing committees, has been able to make her influence felt in nursing affairs throughout the world.

This talented woman has never been sparing of her gifts. Her untiring services in humanitarian activities are well

known in her native land. It was only natural then that Miss Gunn should have been attracted to the Red Cross, and now her fellow-workers rejoice that she has been presented with the greatest honour within the power of the Red Cross to bestow—the Florence Nightingale Medal.

J. E. B.



THE FLORENCE NIGHTINGALE MEDAL

ON THE TRAIL OF ADVENTURE

These letters were written to her friend "E" by Louie Bryce (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses in the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands.

Nurses' Residence,
Toronto,
October, 1909.

Dear E.,

Please note the address and realize I really am in a fair way to becoming a nurse. I came

in a class of fourteen, and we are nearly one month old and feel quite experienced. No, that's not true—never shall I feel thoroughly experienced. The more you learn, the more there seems to loom ahead to be learnt. But we certainly do get taught in the best possible way. A supervisor of probationers has us all in tow — and instead of being cast on the tender mercies of the nurses in the wards, we are led along gently with the help of a wonderful demonstration room and daily lectures. When we are considered competent to tackle some simple treatment or to give a bed-bath, we are chaperoned by Miss K. to the mutual benefit of patient and nurse.

Then our health is much considered, and we are made to attend gym, and go for two hours outdoors each day. There is also a swimming bath where we may disport ourselves, the only rule being that no nurse must be there alone. In fact we are in clover, and only the fear of

anchor us firmly to earth. At present we are known as "Miss K.'s pinks," being garbed in print dresses of that shade, and with aprons but no caps. The "real" nurses wear blue the future and of not "being accepted" at the end of our four months' probation, serves to with etceteras all complete, and if the day dawns when we too may join their ranks, pride will know no bounds.

This residence is a show place and troops of admiring visitors appear at odd moments. The other afternoon, it being a study hour, we were all comfortably and negligently seated on the floor of the sitting-room while arm-chairs and sofa stood empty and forlorn. Suddenly a stream of ladies poured in, headed by the donor of the Home and the special patron of the hospital. He looked surprised but departed in due course, and next day our sitting-room was enriched by the gift of several more large chairs. Back came Mr. R. to inspect, only to find us once more on the floor! He remarked despairingly "This beats all!" and gave us up as hopeless.

Ten-thirty—lights out! I hear Miss A.'s footsteps.

L.

Lakeside,
Toronto Island,
Ontario,
June, 1911.

Dear E.,

When I last wrote I was a very new "pink," and now I look forward to graduating next year; and the prospect isn't all bliss. As we grow in experience we do realize these days of training are very good; all the nursing we can want, but burdens of responsibility borne by our superiors. There are qualms now and again when we look forward to cases "on our own."

I have sampled many things since my last letter. Several weeks in the "infectious" where patients and nurses lived like one big family, and rules were less strict to make up for the enforced isolation.

Then night duty—beloved of some nurses but a bug-bear to me, though not so bad when I was really busy. There is the comforting feeling that you get nearer your patients in the quiet hours—time now and then for little intimate talks, and you do long to hug the babies to sleep. In the city hospital with its well-lit corridors and big wards and general air of companionship, even night duty seems fairly normal; but in this Lakeside Home with the wide verandas open to the grounds, one has to keep tight hold of one's imagination. One night, while attending to a patient on the veranda, we were both rendered speech-

less by the sudden appearance over the railing of a grey horse's head. He seemed as much surprised as we were and retreated in good order.

But oh! the sunrises over the lake, when the pearly grey world gradually turns rosy and warm, and the birds are making the most delicious little twitterings. And the moonlight nights with the water all shining silver! There are compensations for even an owl-like existence.

And I have been in the "out patients," with the daily accident cases, clinics, wild bouts of operating for tonsils and adenoids, and the hundred and one oddments that come one's way in this department of a big hospital. Then followed six weeks in the baby-feeding pantry with its surgical cleanness, rows of bottles, bewildering formulae; with a constant boiling of barley water and making of whey, and the excursions into the wards at intervals to feed innumerable babies.

And the patients; what variety, and what fun and pathos centre around each one. When I was a very new "blue", I admitted one poor baby of two years, so bow-legged she could only hobble along clutching tightly at my apron. A case like this takes some time as various "plasters" have to play their part in straightening the little limbs. During this period there were vicissitudes. Measles broke out in the ward, which meant isolation and no visitors. And then the mother took ill and some months elapsed. And the other day I discharged Gloria, a radiant little person of three and a half, with fair curly hair, rosy cheeks and shining eyes, and such straight, firm legs. She was used to a friendly world in hospital, so slipped her hand confidently into her mother's, who was quite speechless with amazement, gratitude and joy.

And a personality like Alec's must be specially mentioned. He arrived with his mother from the Middle West, a ten-months-old baby in the correct war paint of a male being of that tender age, and with a club foot. Distances were too great to allow of any meeting during the time of treatment, and Alec was an influential young tyrant of three in knickers, shirt and a tie, who ruled his small kingdom with an iron rod, when his father, armed with the original baby pelisse and hat, came to take his little boy home. Alec's rage and indignation knew no bounds and peace was restored only when the astonished and proud father had marched him off in borrowed hospital kit to the nearest store for boys' apparel. I wish I could have been a fly on the wall when the mother welcomed her wanderers home.

And one more, a youthful German of two

years, Herman by name. He took a violent fancy to me and said whenever he saw me, pointing with one fat finger, "Oh, look at that!" — his only English remark and one which might mean many things.

L.

Brooklyn,
New York, U.S.A.,
December, 1911.

Dear E.,

Did I warn you that one day I should be swept up and deposited elsewhere for maternity training? Our hospital doesn't go in for it, so is affiliated with one that does, and here I am in a big private hospital with four perfectly adorable babies and their respective mothers under my care. Ann comes first. She and her mother are both small and fair and fluffy. Next door is Dick, a lusty lad with a will of his own which entrances his proud mamma. Laura is dark and takes after her adoring young father who beseeches me to "make baby laugh," when he pays his evening visit. Dorothy is my fourth and is a blonde. When Mrs. Dorothy is in full war paint of peignoir and boudoir cap, and Dorothy, equally elegant, reposes on a befrilled pillow on her knee, they look like the picture on an expensive chocolate box.

Hospital life is never dull, and I have just had a bout of "specialing" which means one patient all to oneself, and twenty-four-hour duty for a limited time. My case was an operation one and for the first night the dear lady refused to sleep unless my head was tucked under her arm; which gave me a most dishevelled appearance for the night-superintendent's rounds.

L.

Muskoka Lakes,
Ontario,

July, 1912.

Dear E.,

If only I could pack up chunks of this most delectable spot and post them to you, I would have some faint hope of your realizing its joys. It's an island, about a mile long, all wild and wooded with a log cabin at one end with wide verandas on which we eat and sleep. At the lake edge is a bathing house with steps leading down to a pool, and here we keep our towels, soap and sponges and disport ourselves each morning. After sampling this method of "abluting," the most gorgeous tiled bathroom fades into insignificance. A camp fire in the evenings greatly adds to the joys of life, and we cook the fish we catch, and roast corn and fry delicacies galore. The days are spent either in the lake or on it, in canoe, dingy, or dear old Kestrel, a jolly little steam launch that

runs aground on numerous rocks with perfect equanimity. And deep down under all the other joys is the satisfied feeling that I am at last a real trained nurse, ready to face the world. And what a world! Just before our graduation Dr. Grenfell came to Toronto and asked for nurses and, of course, I positively bounded at the chance. So here I am after some hectic weeks of X-ray instruction among other items, having a breather before setting off for "the coast."

Meanwhile I'll concentrate on "last days" in hospital. The theatre, diet kitchen and the district divided the time for me; the first a queer unsettled existence, always on call, and each night wondering how long one might sleep before an "emergency" hailed one forth to the scene of action. It was fascinatingly interesting, but never my metier, for I longed to follow the patients back to the wards to see what happened after such fearsome and wonderful doings. The district was more in my line for it meant following up cases that had left hospital, renewing old friendships and making new ones; and the open-air life was a joy.

L.

S.S. Prospero,
Off Newfoundland,

August, 1912.

Dear E.,

My chief sensation at the moment is one of pride at bearing up in what my fellow-travellers assure me is most "uncivil weather." In addition to what seems to me to be a perfectly mountainous sea, large ice-bergs appear around corners and hover in unpleasant proximity. However, before the voyage is over, I hope to be as calm about such trifles as the crew themselves. The scenery is marvellous: great cliffs sheer up from the sea with little houses perched in crannies like seagulls' nests. Every hour or so our siren blows and we steam slowly into a "tickle" (who would talk of harbours) and at our leisure proceed to disembark our stores and take on patients.

I don't know how many people this boat is supposed to carry, but I feel sure she is the most elastic craft since the Ark. It is unsafe to walk about at night for every inch of deck is occupied. My hand is being kept in, for it has leaked out that a "Sister" is *en route* to St. Anthony and I am much in demand. This letter returns on the boat so I have only time to add a word about our journey to St. John on a toy railway where the train had to be supported by logs of wood whenever there was an extra amount of wind. This country seems to live in a chronic state of gale!

L.

(To be continued)

THE EDITOR'S DESK

Graduation Addresses

We rather expected that the article entitled "Address to the Graduating Class" which appeared in our June issue would call forth some response. It did, and not in professional circles only. Excerpts from it appeared in Montreal on the woman's page of the *Gazette*, an ably edited section of one of the most conservative and influential daily newspapers in Canada. In an editorial in the *Fort William Times-Journal* the points raised in the article were discussed at some length, special emphasis being placed on the desirability of financing nursing service on a co-operative basis. Then along came this timely letter from Miss Helen Randal who probably holds the long distance and endurance record for Canada when it comes to attending graduation exercises:

Dear Editor:

The article in the May issue of the *Journal* entitled "Address to the Graduating Class" interested me much for, as the result of attendance at many of the functions which introduce the young graduate to her new professional relation to the public, I feel quite an expert in appraising addresses so given. For years I have felt that nurses themselves are to blame for their neglect of a very fine opportunity to present her future opportunity to the young nurse, to offer her real help, and to link her up definitely with the members of her own profession. Hospital Boards, in some cases at least, have been wiser than we have been and have grasped the opportunity to introduce material relative to hospital work and deficits; it is hard to determine how they justify some of the statements made on such occasions as suitable or fair to an audience interested specially in the class before them.

Each Provincial Association might plan a speaking campaign and request each school to allow time for a short address to be given by a nurse capable of speaking briefly and to the point on some aspect of our profession. Possibly abstracts or skeletons of addresses might be offered to the men who have the honour to address the class so that they too might learn something of our aims and expectations for the nurse of the future. It is too

much to expect from any but a few of the medical men distinctly interested in the profession that they will do more than give a welcome and a few cheering words to the graduating class.

Your summing up of the effect of any address on these graduating classes on this one night of the three years of the course is probably correct, and I do make a plea for shorter and fewer addresses on any programme for graduation or commencement. If this at least is accomplished, many a young nurse will rise and call you blessed for bringing this matter to the attention of your readers and possibly calling a halt in lengthy programmes.

HELEN RANDAL, R.N.,
Vancouver, B.C.

Graduation ceremonies are naturally and rightly looked upon as family festivals happily participated in by hospital and school alike. But they have a broader significance than this. They mark the beginning of the independent practice of the profession of nursing by women for whose fitness the hospital and its text which no graduation orator, no matter how eloquent, should ever ignore.

Readers' Guide

There is much talk of the integration of nursing and household services these days. Read what Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society, has to say about visiting housekeepers. Δ Miss Mary McCormick, district supervising nurse for the State of New York, in her able article entitled "Maternal and Child Health Services," outlines the essentials of an effective programme. Δ Miss Florence Roach, instructress of nurses in the School of Nursing of St. Joseph's Hospital, Hamilton, contributes to our series dealing with the teaching of various subjects with a thoughtful and concise study of "The Teaching of Dietetics." Δ If anyone tells you that private duty nurses are inarticulate just refer them to "What do you think about it?" Δ We have got into the habit of reserving a page for recording honours conferred upon Miss Gunn.

This time it is the Florence Nightingale medal. △ Under the caption of "On the Trail of Adventure" we present the first of a remarkable series of letters written by Louie Bryce (now Mrs. Alex MacRae), a graduate of the School of Nursing of the Hospital for Sick Children in Toronto. Hollywood

could never equal this true tale. △ Revision of nurse practice Acts is in the air and in "Notes from the National Office" you will learn what has recently happened in British Columbia. △ In the "Festival of Jeanne Mance" tribute is paid to the pioneer nurse of Canada and her inheritors.

FLORENCE NIGHTINGALE MEMORIAL

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee
of the Canadian Nurses Association

The provincial committees have responded very satisfactorily to this year's appeal and it is hoped that a substantial sum will have been received when the "Foundation" year ends at the close of the current month. The members of the Canadian Nurses Association learned with satisfaction that Miss Jean I. Gunn has consented to act as official delegate at the meeting to be held in London, England, on July 5, at which time the progress and future plans of the Foundation will be discussed in detail. We shall look forward with interest to her report which, we hope, will stimulate interest in raising our next year's objective. The Canadian Nurses Association has pledged support for three more years and we must remember that we, individually, *are* the Canadian Nurses Association.

Additional contributions to the Florence Nightingale Memorial fund have been received as follows:

Alberta

Graduate Nurses Association, Calgary	\$10.00
Graduate Nurses Association, Drumheller	4.00
Graduate Nurses Association, Edmonton	10.00
Private Duty Committee, Calgary Branch, A.A.R.N.	5.00

Nursing Education Section, A.A.R.N.	10.00
Overseas Nursing Sisters Club, Edmonton	10.00
Graduate Nurses, Ponoka Mental Hospital	7.00
Student Nurses, Royal Alexandra Hospital, Edmonton	15.00

BRITISH COLUMBIA

Prince Rupert General Hospital	12.00
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NEW BRUNSWICK

New Brunswick Association of Registered Nurses (for the Endowment Fund)	50.00
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Nova Scotia

Student Nurses, St. Martha's Hospital, Antigonish	5.00
Halifax Branch, R.N.A.N.S.	25.00
Pictou County Local Branch, R.N.A.N.S.	4.00
All Saints Hospital, Springhill	11.00
Halifax Infirmary	5.00

Ontario

Miss Elizabeth L. Smellie, Ottawa	100.00
A.A., Kingston General Hospital	10.00
A.A., St. Joseph's Hospital, London	10.00

Quebec

Victorian Order of Nurses, Montreal	12.00
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Saskatchewan

Saskatchewan Registered Nurses Association (for the Endowment Fund)	100.00
Saskatchewan Registered Nurses Association (for the Scholarship Fund)	200.00

Department of Public Health Nursing

MATERNAL AND CHILD HEALTH SERVICES

MARY McCORMICK, R.N., District Supervising Nurse, State of New York
Department of Health, Gouverneur, N.Y.

In planning a programme for the reduction of deaths of mothers and infants, it is necessary first of all to be familiar with the death rates and causes of deaths, and to have a method of measurement for comparison. These requirements necessitate careful birth and death statistics, a service with which every community should be provided, and for which the state or provincial government should set up standards.

When it is found that many mothers die in childbirth from preventable causes, it is indeed a community problem as well as a responsibility, and should be attacked from social, health, medical and economic viewpoints. Women who die in childbirth are few compared to the number who live on with preventable illness or life-long impairment of health. The results of the loss of a mother by death or life-long invalidism, or inability to care properly for her family are known to us all in our daily work. The economic and social implications of these results are indeed a responsibility of the community as well as the physicians and nurses.

Problems which arise in the child-bearing period have caused much emphasis to be placed on the improved teaching of obstetrics in medical schools and hospitals and the special emphasis and training of public health nurses in pre-natal care. Effort should be concentrated still further on the education of the student nurse in obstetrics. However, the basic requirements for safe motherhood lie in the quality of pre-natal care, improvement of delivery service, and adequate

post-partum care. Many studies of maternal deaths have shown, and obstetrical authorities agree, that the quality of service at delivery is of paramount importance.

Every expectant mother should be reached as early in pregnancy as possible; she should have medical and nursing supervision during the pre-natal, delivery and post-partum period; both the mother and father should know the fundamental facts of good maternal care as well as infant care. The importance of including a Wasserman test for every expectant mother cannot be emphasized too strongly. Early diagnosis and early treatment are means of preventing congenital syphilis and the earlier the treatment is begun the better outlook there is for both mother and child. In fact, the statement has been made that treatment, regardless of the amount given, if begun before the fifth month of pregnancy, increases fourfold the chance of obtaining a normal baby.

If a delivery service is not possible through a nursing organization, the expectant mother should have help in preparation for the home delivery, assembling supplies, provision for assistance at time of delivery, care during the post-partum period as well as care for the baby. The nurse should feel that the maternity care is not complete until a post-partum examination has been made at the end of six weeks and the baby has received a physical examination. If the community provides facilities for those unable to pay, and educates those parents who can afford to pay, much can be accomplished.

It has been stated that the most sen-

An address delivered before the Registered Nurses Association of Ontario, April 26, 1935.

sitive index of the civilization of a people is the infant mortality rate, and since maternal health and child health are so closely related, the subject must be inclusive of all factors affecting community health. The objectives in the field of infant and pre-school work are to secure medical supervision including a physical examination for every child; to assist in securing complete birth registration, to instruct mothers in the importance of breast feeding for the infant and suitable nutrition for the pre-school child; to promote a hygienic daily régime; to assist in communicable disease control by the recognition of early symptoms and by securing immunization and prophylaxis in diphtheria, smallpox, measles, scarlet fever and whooping cough; to assist in securing the correction of defects and to provide or supervise adequate nursing care to all sick children. A demonstration which is no doubt familiar to you is the one carried on at Thetford Mines in the Province of Quebec under the direction of the Metropolitan Life Insurance Company, where the infant death rate dropped within three years from 300 per 1,000 living births to 96 per 1,000. Largely as a result of this survey, the Provincial Government appropriated \$500,000 to carry on a similar work in other localities where the infant mortality rates were high.

The Nurse's Task

Dr. Herman M. Biggs, for many years Commissioner of Health of New York State, said that public health is purchasable. Any community within natural limitations can determine its own death rate. Therein lies the challenge for the community as well as the medical and nursing professions. How can we, as members of the nursing profession, as well as of the community, do our share to overcome the chief obstacles of ignorance and poverty which beset the path to good health? As nurses, and especially as public health nurses, our function is

fundamentally educational. We must educate the individual and family which we serve, to demand that the community supply adequate maternity and child health services. Services should include not only provision for pre-natal and child health consultations, and a sufficient number of well qualified public health nurses for home visiting, group education and group activities, but also all other public health services which affect maternal and child health. To round out a really adequate service, the highest type of pre-natal, delivery, and post-partum care, provision for hospitalization or for safe delivery in the home should be available. The training, registration and supervision of midwives are also necessary.

In an address to the American Nurses Association, Dr. George W. Kosmak, editor of the *American Journal of Obstetrics and Gynecology*, discussed "Safeguarding motherhood" and said:

The nurse occupies an important position in any scheme to achieve better maternity care, not only as an individual practitioner, but in a larger sense, as a participant in the carrying out of certain much discussed recommendations and reforms. And how can the latter be instituted? This will mean a union of forces — doctor, nurse, public officials, and finally, the people whom they serve.

Community Organization

Community organization for adequate health supervision of mothers and children depends in large measure on what the community wishes to achieve and the methods to be used. The attitude of the community toward the saving of the lives of mothers and children will be influenced by its leaders. Who are these leaders? The practising physician is most interested because of his professional standing and responsibility; the public health nurse, because she is especially prepared in the field, and is an important part in the public health movement; the boards of health, because of their legal functions; the unofficial health and social organizations, because of their interest in specific

health problems and because of their influence and desire to improve conditions. Therefore, if all concerned get together in the expression of a common aim, the foundation for a good community programme can be laid.

The first step then is to get information by means of a complete study of health conditions, resources and needs; this is necessary for the purpose of constructing a plan of action. Another important consideration is by whom shall the study be made? Studies and surveys are made by official organizations, health and education foundations, professional groups, and lay committees, depending, of course, upon the locality and purpose of the study. However, a representative community group can be encouraged and expected to study their own needs.

Elihu Root wrote: "Now, when it comes to certain humanitarian efforts, it is almost impossible to do anything of any value by external forces without having the individual energized, made sympathetic, made an assistant in the effort. The great question with all people who want to improve the condition of mankind is how to get mankind to try to improve itself." And so a community study made by citizens who are capable and competent, guided by trained workers, and advised by physicians and nurses qualified in the public health field, would be of intrinsic value. Essential information in making a study may be grouped under the following headings:

Study of the locality as to topography, climate, population, racial and age groups; type of community: industrial, agricultural, etc.; natural resources, taxable property, sanitation, milk and water supply, etc.

Fact-finding regarding morbidity and mortality rates from all diseases. Survey of all health organizations.

Assembling facts.

Comparison with standards.

Recommendations and plan of action.

If the completed study shows that the maternal and infant mortality rates are high then the attack will be made on

these fronts, but as was stated before, maternal and child health activities are the foundation for any health programme. The ways and means of obtaining results will be secured by the combined efforts of the medical and nursing professions, the official and non-official agencies, and the interest and participation of the public whose members are paying for the services as well as receiving the benefits.

Factors in Organization

Let us assume then that the framework has been erected and building must continue. Only through continuous participation, maintenance of high standards and adjustment to local conditions can continuation of services be expected. While it is true that aims and objectives must first be set up, policies, standards and procedures must be defined and the establishment of group activities completed. The organization of a community council composed of representatives of the medical and nursing professions, official and non-official agencies and the leaders in community activities is also necessary. It must be a co-operative democratic undertaking, obtaining its sustenance from within the community by interest, effort, enthusiasm and humanitarian ideals, and from without by communication and exchange of ideas with other localities as well as the State and National bodies. Professional advisory and consultant services are available through central health organizations and these services should be used to their fullest capacity.

Volunteer workers acting as committee personnel or to assist in clerical duties, clinic work, sewing projects, loan closets and group health education, can if properly trained be utilized to great advantage. It is only through this active participation and by having lay persons assume responsibilities that we can hope to maintain constant interest. Public meetings relating to health, sponsored

jointly by medical, nursing and lay organizations are of much value in keeping the true spirit of community interest alive.

Nursing Standards

The public health nurse is an important factor whether she is the executive or a staff nurse in a large organization, or whether she is the nurse working alone. She is the one who can bring stimulation and courage to those co-operating in the plan. There is proof for this statement as shown by the work of the Maternity Center in New York City, the Frontier Nursing Service in Kentucky, and the Victorian Order of Nurses for Canada, and many other nursing organizations far and wide. It is assumed therefore that the public health nurse is properly qualified to assist in carrying out the aims and objectives outlined by the organization by which she is employed. The formulation of nursing standards and procedures are primarily the function of the nursing group in co-operation with the medical profession.

Let us look, then, at the preparation of the nurse in the field of public health. She must be prepared to meet her obligations by having the qualifications necessary for good public health nursing, a background of culture and sound academic education, and educational and professional qualifications to meet the standards. She must possess the necessary skills and knowledge of the principles, practices and procedures of public health nursing. She must know the content of home visits and teaching methods, and should be capable of adjusting herself to the conditions which she meets in life. A wholesome personality and good health are pre-requisites.

We are forced to admit that all public health nurses do not meet all the above requirements. This fact is brought out

forcibly in the recent survey of public health nursing in the United States made by the National Organization for Public Health Nursing. To keep abreast of the times the public health nurse must realize her responsibility for improving herself through the medium of professional journals, regular attendance at professional meetings, refresher courses, institutes and college courses. Nursing organizations should assume responsibility for continuous staff education and also provide adequate supervision so that the nurse may meet her responsibilities in the most effective and productive way.

Organizations are responsible to the community from which come the funds to carry on their work. Difficult though it is to measure the quality of nursing service, results in lowered mortality and morbidity rates and better health conditions can invariably be found where good public health nursing has gained a foothold. How can these facts be brought before the public? By taking stock and analyzing year by year the accomplishments, by improving from past experiences and making use of all available knowledge for the good of the service. In evaluating the activities of a community health service we may look for:

1. A striking increase in the number of expectant mothers placed under medical and nursing supervision, early in pregnancy.

2. A marked decrease in the accidents and complications of pregnancy and a notable cutting down of maternal and infant death rates.

3. A lower incidence in the communicable disease rates.

4. An increased community interest, which, though difficult to measure, can be sensed through the better health conditions in the individual, the family and the community.

Department of Nursing Education

THE TEACHING OF DIETETICS

FLORENCE M. ROACH, Instructress of Nurses, St. Joseph's Hospital, Hamilton, Ont.

I shall endeavour to treat the general topic of the teaching of dietetics from two angles: (1) Why it is of such importance from the standpoint of the nurse's responsibility to the patient and to the community; (2) How it may be given more emphasis in teaching programmes so that this responsibility can be effectively assumed. The present tendency in hospital practice is to consider diet as the sole responsibility of the trained dietary department staff. This is inconsistent when we realize that trained nutritionists are not always available either in private homes or in industrial plants, health clinics and health departments where nurses pursue their regular duties. Furthermore the nurse is constantly with the patient whereas the time of the dietitian must be distributed among administrative duties and teaching. This leaves little time for direct contact with the patient and confines her visits to those who are on special or corrective diets. All nurses, regardless of their specific field of work, must be health teachers and what better opportunity exists than at the bedside of the sick?

Diseases which formerly baffled science are now, through the development in diet-therapy,—curable, controllable or preventable. For example, consider the death rate due to anemia before the value of liver in the treatment of this condition was recognized. Many cases of diabetes are now controllable by diet with or without the use of insulin. Rickets are entirely preventable by incorporating the necessary vitamin D, calcium, and phosphorus in adequate amounts in the mother's and child's diet and aiding the

use of these in the body by procuring fresh air and sunshine.

In hospital practice the nurse, whether as a student or a graduate, is in constant contact with the patients, the majority of whom are on one or other of the various types of normal diets. The diet specialist plans suitable meals for all, but time for teaching is perforce limited and the education of the patient must therefore be the direct responsibility of the nursing staff. The effort here should be to teach the principles of normal nutrition and to point out the necessity for a gradual transition from one type of diet to another. If the patient be a mother, the knowledge gained in hospital will certainly prove useful when she once more assumes the administration of a home and the care of a family; the interest thus awakened will increase.

The nurse in the pediatric unit has a golden opportunity to instruct parents whose children are suffering from diseases of malnutrition. Likewise she may tactfully show parents the fallacy of the over-indulgence of ill-founded notions, appetites, and childish fancies. The private duty nurse has access to homes which is denied nutrition workers. In the better homes she is faced with the results of injudicious eating, in others with the lack of knowledge of how to prepare food without much of its value being lost. In still others, utter ignorance prevails of what constitutes a well-balanced diet so that deficiency diseases and generally impaired health results. In the homes of those receiving relief, as well as in that of the laborer whose income is small, the nurse must demonstrate the purchase of suitable foods with a minimal expenditure and its preparation so that

An address delivered before the Registered Nurses Association of Ontario, April 25, 1935.

the father, the pregnant mother, the growing boy, the girl of school age, and the sick child may each receive an adequate diet. In this day of commercial enterprise when the public seeks much with little outlay, the nurse must be able to judge of the true value of food products widely advertised and marketed attractively, in order to direct the unsuspecting public.

In the field of public health the part which diet plays in the control and prevention of disease is more and more appreciated. So much has the need of instruction come to the fore that some public health departments have inaugurated refresher courses in nutrition and diet-therapy for their staffs. The school nurse especially has contact with parents of undernourished children, gives health lessons to various grades and has an opportunity to present to the school board health problems and their possible solution. Nor is the part played by nurses in the employ of industrial and commercial firms to be discounted. A survey made by the Eastman Kodak Company of Rochester concerning absences due to illness, emphasized this very well. Subsequent nutritional adjustments were made resulting in a decrease in lost time and an increase in efficiency.

Content and Method

We thus arrive at the office of the educational director of the school of nursing, voicing the needs of the public and demanding that nurses be equipped with a theoretical and practical knowledge of nutrition. Seeing as we do the importance of this subject, how is it to receive proper emphasis in nurse education? As in the past, the nurse should have a preliminary course in nutrition and cookery, a group of lectures on diet-therapy and a period of practical experience in the dietary department. In the past, however, the difficulty has been that the subject was considered as a separate entity rather than an important

component of the patient's general care. It should be linked with the whole subject of general medicine and medical nursing. To get the desired correlation the ideally planned curriculum would provide that courses, in subjects related to general medicine, be given simultaneously and with relative uniformity. Perhaps the joint development of some teaching project will present the interesting correlation of medical subjects in a graphic form. It would seem valuable to give instruction in these correlated subjects in the first year. This will tend to make the student more intelligent concerning dietary practices which later she will see carried out in the medical wards.

Experience in the diet kitchen should follow during which the student should, subject to teaching and supervision, plan diets for those on standard and special or corrective diets. Accompanying the dietitian while the latter visits the patients throughout the hospital is a valuable experience; the student thus learns the method of approach to the patient. In conjunction with these rounds the student should check the charts and note the progress resulting from diet regulation as shown by the various reports and notings. In the latter part of her term the student might be required to prepare and give a short well-planned course of instruction to a patient. This should be submitted to the dietitian for approval.

While in this department, it would be of great value to the student to obtain some knowledge and experience with respect to the purchasing of foods. This could be gained by accompanying the buyer on selected occasions, following market values of certain commodities from day to day and subsequently estimating the cost of a special diet for one week. The student should also be directed to sources of information respecting racial and religious customs. At the conclusion of the diet-kitchen experience the student would return to bed-side duty

with an intelligent understanding and sense of responsibility of the dietary practices which are to be adhered to on the wards.

The charge nurse should now correlate the student's factual knowledge with clinical material on the ward. This is easily done by including in the daily conference the particular medical, dietary and nursing problems of the individual patients. Class conferences should be held at regular intervals at which two or three nurses might give a prepared re-

sumé of the general care given cases of outstanding interest. This would stimulate interest and scientific observation and would foster the habit of reading and create the friendly rivalry which is an incentive to effort. Then there is the diet case study which serves as a splendid means of emphasizing diet-therapy. Lastly as suggested by Miss Helen Resch, there should be one comprehensive final examination which will include all medical subjects including diet therapy thus integrating the whole course.



Book Reviews

INTRODUCTION TO PSYCHOLOGY WITH SPECIAL APPLICATIONS TO NURSING AND NURSING PROBLEMS. By Edward S. Robinson, Professor of Psychology, Yale University, and Virginia Kirk, Instructor, Yale School of Nursing and Research Assistant, Yale Psycho-Clinic. Published by The Macmillans in Canada. Illustrated. 364 pages and index. Price \$3.00.

The aim of the authors of this textbook on general psychology is defined by them as follows:

In preparing the present text we have assumed that the nurse should have a sound knowledge of general psychology. Specialized knowledge of mental abnormalities and of such psychological instruments of diagnosis as the mental test needs a background familiarity with the wide range of normal mental life. The nurse should be shown that psychology is a way of thinking about herself and about her patients. No matter how much native intelligence and constitutional poise she may bring to her work, there will be times of stress in which the nurse will need to understand her own psychological processes.

The demand may come in connection with the acquisition of some type of manual skill, like bandaging, or with the maintenance of her temper despite a cantankerous and unreasonable patient. The nurse will also need to understand the mental life of ordinary sick people. The present text aims to give the prospective nurse an opportunity to think psychologically about a wide variety of human problems with which she will be confronted.

The book has six parts dealing with the following phases of the subject: (1) a preparation for psychology; (2) habits and their acquisition; (3) perception; (4) ideation; (5) feeling; (6) the individual. Each chapter is admirably summarized, its principal problems are recalled by means of questions and a list of references for further study is given. The application of the text to nursing situations is consistently maintained throughout. Possibly one of the most valuable chapters in the whole book is that which deals with abilities and their measurements. This task is one which directors, supervisors and teachers of

nurses are constantly called upon to perform but for which few possess either the necessary psychological insight or the appropriate technique. This book is heartily recommended for use in schools of nursing.

E. J.

THE WOMAN ASKS THE DOCTOR. By Emil Novak, M.D., F.A.C.S., associate in gynecology, Johns Hopkins Medical School. Published by The Williams and Wilkins Company, Baltimore, Md. Illustrated. 189 pages. Price \$1.50.

The author's aim is to answer in simple language some of the questions so frequently asked by intelligent women concerning the biological characteristics of

their sex. Eight of its fifteen chapters are devoted to a discussion of the female reproductive system and the cyclical phenomena of puberty, menstruation and the menopause. Reference is made to sterility and its causes and a brief outline is given of the so-called Ogino-Knaus theory of the "safe" period but no mention is made of any other contraceptive measures. There is a good chapter on cancer but unfortunately no specific information is given concerning venereal diseases. The general approach to the whole subject is sensible and direct and, with one or two slight exceptions, dignified. Although intended for the general reader, nurses will find this book both interesting and informative.

E. J.



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Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

The Eight-Hour Day

It is quite apparent that there is a wide difference of opinion among private duty nurses respecting any eight-hour system which involves a reduction in the scale of fees. In the May issue of the *Journal* will be found an article by Miss Florence Dewey who frankly advocates it. By way of sharp contrast we now present the views of Miss Pearl Brownell, convener of the private duty section of the Manitoba Association of Registered Nurses.

Many have read with interest Miss Florence Dewey's article on the eight-hour day in the May number of *The Canadian Nurse*. While not altogether opposed to the plan—for it has much to recommend it—all do not see in it the unmixed blessing which the writer claims. Even if an eight-hour day were to be put into effect all over Canada with a consequent increase in employment of twenty-six per cent, we would still be faced with a serious unemployment problem. In Manitoba, in addition to the usual service, we have an eight-hour day, at the reduced rate of \$3.00 which is being taken advantage of by those who do not wish to pay the regular fee. Many feel that the number of nurses on call is so great compared with the number of cases available that, had we eight-hour duties only, no one could make an adequate income. Furthermore, economic conditions do not warrant increasing the fee to \$4.00.

In talking with a great many private duty nurses, one finds differences of opinion. Some of the newer graduates who have had difficulty in becoming established, and others who are getting little work, are in favor of it, or of anything that might mean a few more cases. Can you blame them? Others, some of the younger graduates included, say they would rather work twelve hours for five dollars than eight hours for three dollars.

The older graduate is often accused of being the one to oppose any change. Can you blame her either? There are few but have someone depending on them for support. The most fortunate have had their incomes greatly reduced the last few years and a further reduction of two dollars a day would be serious indeed. Many would be obliged to drop the insurance they have been carrying and which

will be greatly needed in a few years. While they would welcome shorter hours, an adequate income to meet responsibilities is of more importance. Even so, many would willingly make the sacrifice if it would solve the unemployment problem. But would it? It would take more than an eight-hour day to do that while so many hospitals persist in their policy of graduating more nurses every year.

When we think of the patients all over the country who have no nursing care whatever, one's sympathy can hardly be aroused for the patient who has only two special nurses being released from boredom by a third nurse coming on duty. It does not speak well for the two nurses! Then, too, the idea that nurses are ignorant of the events of the day and have no time for outside interests belongs to the past when the chief problem of a private duty nurse was to have a few free days. We are not confronted with that problem at present—everyone has more free days than are necessary—and if a nurse is ignorant of current events it is from lack of interest only. Public libraries are within reach of all, and at no expense anyone can keep in touch with current literature. One often finds that the busiest people are the best read.

Health insurance, or state medicine, is on the way. It is bound to come. With it will come a wider distribution of nursing services. Does it not seem that this would be the real solution for our problems?

PEARL BROWNELL, Reg. N.,
Winnipeg, Man.

Get Rid of the Unfit

In the accompanying letter Miss M. L. Parker suggests that a process of selection is necessary whereby nurses who fail to give satisfactory service in the private duty field may be eliminated from official registries. What do you think about it? Comment is invited.

It is amazing that in spite of all that has been written and spoken in connection with the nursing situation and unemployment that some most important points appear to have been missed. Is it not true that a number of poor nurses are furnished to the public through our registries? Surely it is time that our profession faced up to the fact, openly, that some nurses should not be allowed to

remain on the registry and that the first thing to do is to find a way to eliminate them.

If the registrars knew the capabilities of each nurse and understood more about the public and its requirements they could pick the right nurse to send on a case, regardless of who comes "first" on the list. It would pay to do so. Further, when a misfit is sent out, and complaints are made by the patient, there should be a personal investigation by a committee appointed for that purpose. Eventually the incompetents would be compelled to take up some other occupation for which they are better suited. If this were done we should soon hear less of "those awful nurses" and we should once more be spoken of with affection and appreciation. Surely more fully trained nurses should become specialists and by degrees work up for themselves a practice which would enable them to charge a higher fee according to their skill; the public would be glad to have them. The *public need* must be met first and foremost. The whole ground should be covered, the need for the subsidiary group acknowledged, and more schools formed for them, rather than putting out poor nurses

at a reduced fee, thus lowering our social status and professional standing.

M. L. PARKER, Reg. N., M.B.C.N.,
Montreal.

From a Married Nurse

An old friend, "Katy Lee," sends this message from her family circle:

I am sorry to have kept you waiting so long for my renewed subscription, but this busy farm life, and four little young ladies to look after, hardly gives me time to think. Just now we are enjoying the mumps and last Sunday afternoon, after a rest spell, I heard heavy bumps coming from the sick room. As I peeped in, here were the two *with* mumps and another *without* all standing on the side of the bed, arms swinging, just ready for another big jump. However, all seems to be well so far. I am hoping to find time soon to make more comments on private duty nursing. That section has been hard hit by the depression, probably more so than any other. Personally I can't see any "come back" for it to the way it used to be, in the days of more money.

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REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA (Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 11th, 12th, and 13th, 1935.

Names of candidates for this examination must be in the office of the Registrar not later than August 12th, 1935.

Full particulars may be obtained from:

HELEN RANDAL, R.N., Registrar,

520 Vancouver Block - Vancouver, B.C.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

British Columbia

Amendments to the Registered Nurses Act for British Columbia, certified correct by the Legislature on March 21, 1935, include a number of revisions and additions that are of interest to all nurses. As announced on this page in May, the provincial association is now called the Registered Nurses Association of British Columbia and as the result of this change of name, all nine provincial units of the C.N.A. now bear the title of "Registered Nurses Association."

The Council which consists of twelve members, all of whom are members of the R.N.A. of B.C., includes the officers who, elected by the association, hold office for two years. The duty of the Council is to make rules and regulations: (a) for the summoning of regular and special meetings of the association and of the Council, and governing the procedure at all meetings; (b) for the examination of applicants for registration; (c) for the keeping of the register; (d) generally, for carrying out the provisions of the Act. Furthermore, the Council is invested with power to appoint an executive officer or officers to act in the capacities of registrar and inspector and educational director of training schools in British Columbia.

Standards for Approved Schools

The standards required for training schools as set forth in the Act are:—

(a) The training school shall be one in which a three-year course of instruction is given and general training is provided by duly qualified practising physicians, nurses, and other qualified technicians in the following departments of nursing: medical, surgical, obstetric, paediatric, dietetic; which departments are connected with: (1) a general hospital which has a daily average of at least fifty patients; or (2) a general hospital or a special hospital which has a daily average of at least thirty-five patients, and which does not provide all the required instruction or

training, but which is affiliated with an approved general hospital in such manner and for such period as may be necessary to give the instruction or training in the departments in which the affiliated hospital is deficient; or (3) a general hospital connected or otherwise affiliated with a university where pre-clinical instruction is given;

(b) In the case of a training school within the scope of sub-clause (3) of clause (a) which provides general training in the various departments of nursing mentioned in that clause, the length of the practical course otherwise required under that clause may be shortened in consideration of the pre-clinical instruction provided under sub-clause (3).

(c) In every training school there shall be a principal, a night superintendent, and an instructor who is qualified to teach nursing and all members of the nursing staff shall be registered nurses.

Training schools which comply with the above provisions are registered by the Council as approved schools, but shall continue to be registered so long only as these provisions are observed. The Act provides for the regulation of training schools which find it necessary to make arrangement for affiliations. Admission requirements are as follows: students on admission to approved training schools must be at least nineteen years of age, while the educational requirements for admission are junior matriculation, or its equivalent, as certified by the Department of Education.

The Board of Examiners

The Board of Examiners which is appointed annually by the Lieutenant-Governor-in-Council is to consist of not less than six members, two of whom may be members of the College of Physicians and Surgeons of British Columbia; all other members must be registered nurses selected from a list of not less than eight nominees submitted to the Lieutenant-Governor-in-Council by the Council of the R.N.A. of B.C. The Board of Examiners, subject in all respects to the rules

and regulations of the Council, is to arrange for the examination of applicants for registration in the association, the setting of examination papers, and the examination and marking of papers. The remuneration of the Board of Examiners is fixed by the Council.

Progress in Saskatchewan

At the annual meeting for 1935 of the Saskatchewan Registered Nurses Association, the members determined to seek the co-operation of the Boards of Trustees of all hospitals conducting schools of nursing in an endeavour to bring about the adoption of shorter hours of duty for student nurses. The Committees on Legislation and on Registries are to be asked to develop a plan whereby all who nurse the sick for hire must be licensed. In her address, the President announced that the appointment of an inspector for schools of nursing could be anticipated with a degree of certainty. Each of the three sections was voted the same financial assistance for operating expenses during the year. The sum of twenty-five dollars was donated to the King George V Jubilee Fund, while three hundred dollars was voted from the S.R.N.A. for 1935 to the Florence Nightingale Memorial Fund, one hundred dollars of which is for the Endowment Fund.

National Councillors

The by-laws of the Canadian Nurses Association make provision for each provincial registered nurses association to have four councillors serve on the Executive Committee of the C.N.A. In the event of a councillor becoming an officer of the C.N.A. the provincial association is privileged to appoint a member

to complete the quota of councillors for that province. Following the election of officers for the provincial associations in British Columbia and Manitoba, this privilege has been exercised; in British Columbia, Miss Elizabeth Breeze has been appointed to act as a councillor, due to Miss G. M. Fairley, First Vice-President of the C.N.A., being elected President of the Registered Nurses Association of British Columbia. In Manitoba, Miss Sadie Wright takes Miss Elsie Wilson's place as councillor. Miss Wilson is Honorary Secretary of the C.N.A. and has been elected President of the Manitoba Association of Registered Nurses.

National Enrolment

The pamphlet of information on Voluntary Enrolment of registered nurses was revised recently by the Canadian Red Cross Society with the result that the pamphlet now gives a much more comprehensive outline of the plan whereby the Canadian Nurses Association and the Canadian Red Cross Society co-operate in maintaining a list of nurses who have volunteered to enlist for service in the event of war or disaster. The plan for enrolment has the approval of the military authorities. Members of the C.N.A. are reminded that the Provincial Registered Nurses Associations are responsible for enrolling nurses in their respective provinces and that full information can be obtained from the secretaries of those associations.

Forthcoming Meeting

The annual meeting of the New Brunswick Association of Registered Nurses will be held in Fredericton on September 17 and 18, 1935.

THE KING'S BIRTHDAY HONOURS

Just as the *Journal* goes to press comes word that two distinguished Canadian nurses, Miss Mary E. Birtles of Alexander, Manitoba and Miss Emily Maxwell of Ottawa, have both been made officers of the Order of the British Empire. More detailed information concerning their professional careers will be given in the August number.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: On Sunday, May 12, a service commemorating the life of Florence Nightingale was held at Wesley United Church, Calgary, to which all physicians and nurses were invited. An address was given by Lieut.-Col. D. H. Tomlinson, dealing with the history of the Red Cross Society in peace and war and emphasizing the international influence of its policy, especially through its junior members. Examples of the work done for crippled children were given, showing the contrast between children left to drag out a miserable existence and those who are "mended" at the Children's Hospital, and in most cases are able subsequently to lead a happy and useful life. Tribute was paid to the Calgary Medical Society, the Victorian Order, and St. John's Ambulance Brigade for their work in connection with the First Aid Station. The Rev. Mr. Faichney spoke of our revered Foundress, giving a graphic review of her life and ideals. An added interest was the letter in the handwriting of Florence Nightingale, now the dearly prized treasure of a member of the congregation, which was to be seen at the close of the service. The service was attended by members of the Medical Society, by the nursing staff of the General Hospital and by the members of the Calgary Association of Graduate Nurses and of the Alumnae Association of the Holy Cross Hospital. Representatives of the Private Duty Section and the Group Nursing Society were also present, as were members of the St. John Ambulance Brigade.

LAMONT: The graduation exercises of the School of Nursing of the Lamont Public Hospital took place recently, when eleven nurses received their diplomas. The new graduates were guests at a number of functions including a luncheon given by the Alumnae Association and a theatre party by the medical staff and their wives, assisted by members of the nursing staff. The guest speaker at the exercises was the President of the University of Alberta, Dr. R. C. Wallace. Miss Catherine Stewart, of Cairns, was awarded the gold medal for general proficiency and the Elizabeth Young memorial prize for highest marks on written work. Miss M. Isabelle Hanna was awarded the silver medal for general proficiency. The annual meeting of the Alumnae Association took place recently and was much enjoyed especially by those who came from a distance. The pro-

gramme included an instructive address by Dr. M. A. R. Young.

BRITISH COLUMBIA

VANCOUVER: Registered Nurses Association of British Columbia. Arrangements are under way for the Canadian Nurses Association Biennial Meeting, June 29 to July 4, 1936, in Vancouver. All those planning to attend should buy tickets through to Victoria. These may be bought for the same money and thus give the visitor an opportunity to see the beauties of Victoria and Vancouver Island, as well as of the mainland and Vancouver. At the annual meeting the matter of having only one general meeting of the Association each year was introduced and the decision left to the Council. It was arranged that for this year at least no general meeting will be held till the annual gathering in 1936, but that the Council might meet in Victoria and New Westminster in the interim and, if desired, arrange dates in order to be present at local associations sessions, or when the British Columbia Hospital Association meets in Victoria.

An examination for the title and certificate of Registered Nurse was held recently in six centres in British Columbia. The following are the results given in the order of merit: First Class (80 per cent and over): A. La-Bounty, St. Paul's Hospital, Vancouver and M. V. Pontifex, Royal Columbian Hospital, New Westminster (equal); C. G. Thomas, Vancouver General Hospital; J. T. Potts, Prince Rupert General Hospital, M. C. Richmond, L. K. Prior, W. L. Grantham, H. R. Medforth, M. T. Thompson; M. M. Smith, Royal Jubilee Hospital and A. M. Thomson (equal); W. D. Gates and M. C. Gill (equal). Second Class (65 per cent to 80 per cent): E. M. Hill-Tout and G. H. Pearson (equal); M. M. Grant; J. W. Trumpour and M. L. Sandberg (equal); Sister Jean Viateur and A. M. Clement (equal); E. Edwards and E. H. Killer (equal); J. M. Crosby and M. L. Speer (equal); J. M. Clark, R. M. Bailey and G. M. deL. Harwood (equal); N. L. Kinsman and A. G. McRae (equal); V. G. Duncan and E. G. Munn (equal); M. J. Parkes, E. J. Langley and R. C. Wilkinson (equal); A. P. Reid; E. M. Hood and S. M. Ross (equal); G. M. Cochran and D. A. White (equal); Y. B. Daniel and M. J. Murray (equal); E. M. Rennie and M. M. Smedley (equal); V. M. Calver and E. J. Peterson (equal); V. C. Lynes and J. M. Yuill (equal); E. V. Willis; G. E. Hetherington and M. Palmer (equal); M. A. Coward

and E. I. Skyrme (equal); M. Constable and P. G. Wright (equal); M. W. Cullinam and E. E. Lake (equal); M. I. Thompson, N. G. Ogle and E. H. Phillips (equal); H. A. L. Jack, G. M. Lawrence and Mrs. M. E. G. Shaw (equal); E. McDonald; R. A. Croome; J. F. M. Carter and M. Markle (equal); W. S. Caldwell; J. K. Hodgson; H. Bowden and H. M. Knight (equal); C. Mussallem; M. A. McCutcheon and V. V. Paul (equal); A. D. Fulton; M. J. McCulloch; B. B. Bonnallie; M. O. Aitken; W. E. E. Fensom, W. M. Eby, V. Treanor and M. E. Plunkett (equal); N. S. Deans and M. I. Patterson (equal); M. M. Collings; M. F. Maharg and V. E. Simmons (equal); E. E. Bland; E. F. Owen; A. G. Neil and K. E. Watts (equal); O. H. Vail; C. S. Cook and M. G. Davies (equal); M. E. Hobson; M. M. Smith, Merritt, B.C.; R. Taylor; P. M. M. Matson. Pass (60 per cent to 65 per cent); H. P. Gould. Passed Supplemental: B. Ball. Passed with one supplemental to write: M. E. Tossell.

NELSON: A meeting of the Nelson Graduate Nurses Association was held recently when Miss J. MacVicar, delegate of the annual meeting of the British Columbia Registered Nurses Association, gave an interesting report and stressed the importance of considering an eight-hour day for private duty nurses. Her suggestion was met with enthusiasm and a committee was appointed to work out details. A special meeting is to be held to complete the plans and revise the present scale of fees, and every effort is being made to gain the co-operation of all parties and bring the change into immediate effect. Miss Hazel Keeler and Miss Ruth Orr have completed their year of study at the School for Graduate Nurses of McGill University and Miss Laura Fraser is taking postgraduate work in the Montreal General Hospital.

MANITOBA

BRANDON: The following members of the Brandon Graduate Nurses Association were honoured by the King in receiving Jubilee medals: Miss Christina Macleod, Miss Eva McNally, Miss Margaret Gemmell. The graduating class of 1935 of Brandon General Hospital was recently the centre of interest at a dinner when the hostesses were the members of the Brandon Graduate Nurses Association. The guest speaker was Mrs. M. B. Cannon, who took as the subject of her address, "This Thing That is Known as Duty." The following officers were elected for the coming year: honorary president, Miss Birtles; honorary vice-president, Mrs. W. H. Shillinglaw; president, Miss Dora Muir; vice-presidents, Mrs. L. E. Fletcher and Miss Viola Vance; secre-

tary, Miss Dorothy Longley; treasurer, Mrs. J. D. Sills; registrar, Miss Christina Macleod; committees: social, Mrs. Grant Pearson; press, Miss Blanche Brigham; cook books, Miss Alice Bennett; sick visiting, Mrs. Rowe Fisher; private duty, Miss Higgens.

WINNIPEG: St. Joseph's Hospital. At the annual meeting of the Alumnae Association of the St. Joseph's Hospital the following officers were elected to serve during the coming year: president, Miss Nellie Michalski; vice-president, Miss Nellie Ducharme; general convener, Miss Cecilia Clarkson; treasurer, Miss Eleanor Kennedy; secretary, Miss Arthenise Tremblay.

WINNIPEG GENERAL HOSPITAL: The annual meeting of the Alumnae Association was held recently with Miss Emily Parker presiding. Among the activities during the past year have been the following: A donation of one hundred dollars was made to the Nightingale Memorial Fund; a native nurse in India has been supported by the Association and assistance has been given to nurses in need. The officers and conveners of committees for the coming year include: honorary president, Mrs. A. W. Moody; president, Mrs. J. W. Briggs; first vice-president, Miss Pearl Brownell; second vice-president, Mrs. J. W. Stewart; third vice-president, Miss M. Wilkins; recording secretary, Miss A. Efler; corresponding secretary, Miss Helen Ross; treasurer, Miss Mary Duncan; representative to the Training School Committee, Miss K. McLearn; conveners of committees: visiting, Miss Grace McKeever; membership, Miss Mary Shepherd; entertainment, Mrs. C. B. Stewart; Alumnae Club, Miss Sally Tretiak; editor of Journal, Miss Julia Moody; assistant editor, Miss Annie Taylor; business manager, Miss E. Timlick; archivist, Miss Stella Pollexfen.

WINNIPEG GENERAL HOSPITAL: The graduation exercises of the School of Nursing were held on May 31 when Rev. Canon H. G. Herklots delivered an interesting address to the graduates, after which the diplomas and pins were presented by Miss T. Wiggins. Mrs. J. W. Briggs, president of the Alumnae Association, presented the prizes which were won by Miss Beryl Seeman, Miss Ethel Elder and Miss Allison Jamieson.

A delightful dinner was tendered on May 28 by the Alumnae Association to the graduating class of 1935. Mrs. J. W. Briggs traced the development of the Association and made reference to its fine record of war service and to the excellent reputation of its leaders. Mrs. A. M. Campbell was the guest speaker and gave a delightful address. Miss Allison Jamie-

son responded on behalf of the graduates, twenty-three in number. A roll call was read, beginning with the year 1889, and nurses who graduated as early as 1890 responded to it. A message of congratulation was received from Miss Kathleen Ellis, former superintendent of the School.

ST. BONIFACE: The St. Boniface Nurses Alumnae Association recently held their annual silver tea. The guests were received by Miss K. McCallum, president, assisted by members of the Executive.

NEW BRUNSWICK

SAINT JOHN: A meeting of the local Chapter of the N.B.A.R.N. was held recently with a good attendance. An interesting report was given by Dr. A. B. Walter on "Blood Disorders." A paper on unemployment was read by the president of the Association and a committee was appointed to make a survey of conditions among nurses of Saint John.

SAINT JOHN: Saint John General Hospital. The graduating exercises of the School of Nursing were held recently, forty nurses receiving their diplomas. Miss M. Philips was valedictorian. Prizes were awarded to Miss J. M. Hemphill, Miss M. P. Montgomery, Miss E. Bridges and Miss T. C. Horton. The address to the graduates was given by Dr. W. W. White.

SAINT JOHN: St. Joseph's Hospital: The last session of the Study Club of the Saint Joseph's Hospital Alumnae Association was held recently. Reports showed a very successful season. The topics for discussion were sociology and church history.

SAINT STEPHEN: Nurses who received the King's Jubilee Medals were: Miss G. A. K. Moffat, Miss M. McMullen, and Miss M. Dunbar. The graduating exercises of the School of Nursing of the Chipman Memorial Hospital were held recently when five graduates received diplomas. The exercises were followed by a dance. The Local Chapter of Registered Nurses decorated a float for the parade in the Silver Jubilee celebration; this represented a Crimean War scene, with Mrs. C. Dinsmore taking a part of "the Lady with the lamp." The Chapter collected for the Cancer Fund the sum of \$116.00 in a "dime a person" drive.

MARRIED: In May, 1935, Miss Frances Irene Maxwell (C.M.H.), to Mr. William Frederick Knox.

MARRIED: On April 19, 1935, Miss Grace A. Price (C.M.H.), to Mr. G. Jeffries Allan.

WOODSTOCK: A meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held recently, with Mrs. Harry Dunbar presiding. A variety shower was tendered

JULY, 1935

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NOVA SCOTIA

GLACE BAY: The School of Nursing of the Glace Bay General Hospital held its graduation exercises recently when the hall was filled to capacity, fully twelve hundred people being present; there were eleven graduates. At a later date, a dance in honour of the graduating class was held, at which Miss M. MacMillan, superintendent of nurses, was hostess.

HALIFAX: A ten-day refresher course was held recently at the Province House, Halifax. Nurses from all parts of the Province were in attendance, and were welcomed by the Premier of Nova Scotia, the Hon. Angus L. MacDonald. Addresses were given by the Minister of Health, the Hon. F. R. Davis, and by other prominent members of the medical profession. Among those attending were Miss F. McDougall, Antigonish; Miss A. MacDonald, Mulgrave; Miss B. Martell, L'Ardoise; Miss C. MacDonald, Sydney; Miss L. Dillon, Sydney; Miss M. Gray, New Glasgow; Miss H. MacDonald, Bridgewater; Miss G. Anderson, Annapolis Royal; Miss L. MacIntosh, Springhill; Miss A. Slattery, Windsor; Miss C. Wade, Halifax; Miss M. Mackenzie.

HALIFAX: Miss V. Winslow was elected president of the Halifax Branch of the R.N.A.N.S. at its annual meeting. The retiring president, Miss E. Fenton, was accorded a hearty vote of thanks for her untiring service to the organization during the past three years. The problems of private duty nursing were discussed, and a special meeting is to be called for the purpose of arranging for the formation of a central directory. In view of the success attending the refresher courses conducted during the past three years by the Branch, a special committee was appointed to arrange for the conduct of similar courses in future. Other officers appointed were: first vice-president, Miss F. Fraser; second vice-president, Miss E. Warner; recording secretary, Miss B. Foley; corresponding secretary, Miss M. Carter; treasurer, Miss H. Dobson.

HALIFAX: Halifax Infirmary. The School of Nursing of the Halifax Infirmary recently held its graduation exercises when fourteen young women received their diplomas. Prize winners were Miss L. Freeman, of Liverpool, highest aggregate in the school examinations; Miss M. Fox of Bridgewater, efficiency in practical nursing, and Miss B. Comeau of Lower Saulnierville, highest marks in surgical nursing. A meeting of the Alumnae Association was held recently, with an unusually large attendance. Sister Elizabeth Seton presided, and urged her listeners to support the Provin-

cial Association in every possible way. Plans were discussed for the annual meeting of the R.N.A.N.S. and Mrs. A. Chaisson was appointed as official representative. The following conveners of committees were appointed: Visiting, Miss G. Smith; general entertainment, Mrs. A. Chaisson; press, Miss K. McDonnell.

HALIFAX: Victoria General Hospital. The annual meeting of the Alumnae Association of the School of Nursing of the Victoria General Hospital was held recently, when Miss G. Crosby was re-appointed president, and Miss M. Graham was appointed treasurer.

MARRIED: On June 1, 1935, Miss Maybelle Amy Oliver (Victoria General Hospital, 1934) to Mr. Kenneth S. Ritchie.

SYDNEY: The School of Nursing of the City of Sydney Hospital recently held its graduation exercises, when five nurses received diplomas. A banquet was held in their honour by the Alumnae Association of the Hospital.

MARRIED: On June 4, 1935, Miss Dorothy Madeline Miller (All Saints Hospital, 1933), to Mr. Elroy Ettinger.

ONTARIO

DISTRICT 1

LONDON: The annual meeting of the London Registry Board was held at the Victoria Hospital recently. The members voted in favour of giving the registry board the right to provide enforcement of eight-hour duty in hospitals as soon as possible. The meeting expressed a desire that membership in the R.N.A.O. be made compulsory; Miss Madeline Baker led in a discussion on the advantages of such membership. Dr. George McNeil spoke on the radium treatment of cancer.

LONDON: A bridge party was held recently at the Ontario Hospital in honour of Sister Ida Heaney of the London Hospital, Whitechapel, London, England. Mrs. Hedley Smith, Miss M. L. Jacobs and Miss M. Walker were joint hostesses assisted by Misses P. Hession and D. Kennedy. Sister Heaney was the guest of Miss Priscilla Campbell, superintendent of nurses of the Chatham General Hospital.

MARRIED: Recently, Miss Gladys Garton (Ontario Hospital, 1934), to Mr. William Simpson.

MARRIED: Recently, Miss Margaret Perris (Ontario Hospital, 1935) to Mr. Thomas Monteith.

MARRIED: Recently, Miss Mary Hewson (Ontario Hospital, 1931) to Mr. Carl Kohl.

WINDSOR: Nurses of the Border Cities who received the Silver Jubilee medal were: Rev. Sister Marie of the Hôtel Dieu, Adjutant Alice Brett of Grace Hospital, Miss Georgina Le Blanc of East Windsor Sanitorium; Miss C.

LaRose of the Metropolitan Hospital, Miss Mildred Chambers, V.O.N. supervisor; Miss Nellie Gerard of the Overseas Nursing Sisters Association.

DISTRICTS 2 AND 3

BRANTFORD: The King's Jubilee Medal was awarded to the following nurses: Miss E. M. McKee, Miss J. M. Wilson, Mrs. J. N. Mitchell, Miss A. Ash, Miss K. Bowen and Miss S. M. Jamieson.

The graduation exercises of the Brantford General Hospital School for Nurses took place concurrently with the celebrations of the fiftieth anniversary of the hospital. Diplomas and pins were presented by the first graduates of the school, namely Mrs. Thos. Potts and Mrs. Oscar Bixel, members of the class of 1888. Scholarships were awarded as follows: first general proficiency, Evelyn M. Horn; second general proficiency, Gladys B. Tanner; practical and executive work, Gladys B. Tanner, obstetrics, Doris L. Linscott; first general proficiency (intermediate year), Marjorie W. Peach and Muriel J. Murray; first general proficiency (junior year), Mary R. Brown. Professor George K. Gilmour, of McMaster University, addressed the graduates. The annual meeting of the Alumnae Association was held recently when the class of 1935 attended their first alumnae meeting. The election of officers resulted as follows: Hon. President, Miss E. M. McKee; president, Miss H. D. Muir; vice-president, Miss N. Yardley; secretary, Miss E. Cunningham; assistant secretary, Miss L. VanEvery; treasurer, Miss A. Goodwin; social convener, Mrs. C. Windrim; assistant social convener, Miss I. Feely; flower committee, Miss F. Ritchie, Miss D. Rashleigh and Miss W. Laird; gift committee, Miss J. Edmondson, Mrs. E. Claridge; chairman, private duty section, Miss E. Lewis; representative to Local Council of Women, Mrs. W. D. Wiley; representative to *The Canadian Nurse* and the press, Miss K. Charnley.

BRANTFORD: Miss Gladys Buzza and Miss Ethel Davies are visiting England.

WOODSTOCK: The graduation exercises of the Woodstock General Hospital School of Nursing were held recently when eight nurses received their diplomas. Miss Mary Parker won the prize for obstetrics, and also the Dunlop Memorial prize. Miss Anna Edmunds won the prize for general proficiency and Miss Anna Waldie was awarded one of the Dunlop Memorial scholarships. The Frances Sharpe scholarship, awarded by the Alumnae Association to the intermediate year, went to Miss Mary Matheson and the superintendent's prize for the junior year to Miss Margaret Edgar. Dr. D. M. Sutherland, Minister

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of Pensions and National Health, and a member of the medical staff was the chief speaker.

MARRIED: On May 11, 1935, Miss Lena Goodale (W.G.H. 1934), to Mr. Albert Comley.

GODERICH: The annual dinner of the Alumnae Association of the Alexandra Marine and General Hospital was held recently at which the graduating class, Miss Delena McCreath and Miss Ruth Foster were the guests of honour. The president, Miss C. Dunkeld, acted as hostess, and Mrs. Allison, a former superintendent, was the guest speaker.

OWEN SOUND: Engraved simply, "In honour of our nurses who served in the World War, 1914-1918," and bearing the names of nine graduates of the School of Nursing of the Owen Sound General and Marine Hospital, a bronze plaque erected by the Alumnae Association was unveiled on May 19 in the entrance hall of the Hospital. All members of the group are living, though only one was able to be present. The ceremony was marked by impressive simplicity, and only the members of the nursing profession, of the board of trustees and of the medical profession were privileged to be present. Miss Ferna Rae, president of the Association, conducted the ceremony. Rev. E. M. Jewett read the Scripture lesson and the dedicatory address was delivered by Rev. Wm. Harvey. Miss Elizabeth Webster, honorary president of the Association, and a member of the first graduation class, pulled the silken cords which lifted the flag from the face of the tablet, and read aloud the names of nine nurses thus honoured: Eva Hambly, Jean Sword, Kate Wilson, Delle Carson, Myrtle Brown, Mary Pollock, Beatrice Kilbourn, Emily Cume, Olivia Arlidge; the latter, now Mrs. A. E. Lemon, was present. Mr. McLinden, chairman of the trustees of the hospital, expressed the appreciation of the hospital. The annual graduate nurses' banquet was held recently, the honour guests being the members of the 1935 graduating class. Between courses, community singing led by Miss Mary Miller was greatly enjoyed. Miss Ferna Rae was in charge of the programme.

MARRIED: On April 13, 1935, Miss Catherine Penner (O.S.G.M.H., 1931), to Mr. Hampton Spencer.

DISTRICT 4

HAMILTON: Hamilton General Hospital. The graduating exercises of the Hamilton General Hospital School for Nurses were held on June 5, with Mr. W. H. Cooper, chairman of the Board of Governors, presiding. Addresses were given by Dr. Richmond, chairman of the medical staff; Dr. Routley, secretary of the Ontario Hospital Association, and

the Very Rev. C. E. Riley, Dean of Niagara. The University scholarships were won by Miss Alice Stafford and Miss Madeline Hughes; the first general efficiency prize by Miss Jean Lindsay; the second general efficiency prize by Miss Ruby Good; the efficiency in bedside nursing prize by Miss Phyllis Connor; obstetrical nursing and examination by Miss Jean Lindsay; surgical technique by Miss Helen Spackman; highest standing in surgical nursing examination prize, by Miss Nora Stott; for highest standing in medical nursing examination by Miss Helen G. Anderson. Following the exercises a reception was held on the spacious grounds of the hospital. The eventful day was brought to a happy close by a dance at the Senior Residence given by Miss C. E. Brewster and her staff. On the eve of graduation the members of the class were guests of honor at a dinner given by the Alumnae Association. Mrs. Rose Hess presided and welcomed the guests. The toast to the graduating class was given by Miss Sabine and responded to by Miss J. Lindsay, and that to "Alma Mater" by Miss Alma McIntyre, responded to by Miss Mary Langford. The guest speaker, Professor Stearn of McMaster University, gave a delightful talk on "Cambridge Remembrances." Mrs. W. MacDonald of Glasgow, Scotland, formerly Miss Maude MacFarlane and assistant night supervisor of the Hamilton General Hospital, renewed acquaintances in Hamilton recently.

DISTRICT 5

TORONTO: District 5, Registered Nurses Association of Ontario: The spring meeting of District 5 was held on May 18 at the Toronto Hospital for Consumptives, Weston. During the afternoon Dr. W. Dobbie, superintendent of the hospital, discussed the clinical aspects of five cases, using X-ray plates as illustration. After a tour of observation through the buildings and grounds, tea was served to about ninety members. The business meeting took place in the evening with Miss P. Austin, chairman of the district, presiding, and was followed by a discussion of problems of tuberculosis nursing arranged by Miss Webb, convener of the programme committee, and Miss Kathleen McNamara, chairman of the Public Health Section. There was discussion of a resolution passed by the Board of Directors of the R.N.A.O. that its Committee to Study Health Insurance add to their study the question of the provision of nursing service to the "below insurance level" or indigent group. Miss Dorothy Percy is convener of a newly-appointed committee of the R.N.A.O. which is to be made up of the chairman and secretary and three members from each of the nine districts of the provincial association. The

purpose of this committee is to carry on a programme of education concerning all phases of nursing service because it is felt that, for the most part, the public remains uninformed with reference to the need for, and the place of nursing as a community service. It will be emphasized that the development and promotion of nursing service in any community depends on public demand and support. In the programme which followed the business session, Miss Maud Wilkinson, superintendent of nurses in the Toronto Hospital for Consumptives, led a discussion of hospital care and supervision and rehabilitation after discharge in which she referred to the cases discussed by Dr. Dobbie in the afternoon. Nurses who are now in contact with these patients and who contributed to the discussion were Miss McGurk, public health nurse in York Township; Miss Anne Scott, Oshawa General Motors; Miss Dove, Miss Hickey and Miss Fraser of the Department of Public Health, Toronto; Miss Muriel MacKay, Hydro-Electric Commission. Miss Edna Moore, chief nurse, Provincial Department of Health, discussed the value of an annual physical examination as a factor in the early diagnosis of tuberculosis. Miss E. MacPherson Dickson, who retired last fall after twenty-five years as superintendent of nurses at the Toronto Hospital for Consumptives, summarized the discussion. A vote of thanks to Miss Wilkinson and Dr. Dobbie was moved by Miss Mary Ferguson, Victorian Order of Nurses, York Township. The fall meeting of District 5, which includes the counties of York, Ontario, Peel and Simcoe, will be held in Orillia.

TORONTO: Community Health Association. The annual meeting of the Community Health Association of Greater Toronto was held recently. Miss Laura Gamble, who was re-elected president for 1935-36, expressed the hope that the members would support the executive in an effort to make plans for programmes related to community public health. The committee on maternal care reported having discussed means of expressing to the Minister of Public Health the feeling of the Association concerning plans to make nursing care available for those coming under unemployment medical relief, and recommended that the Association approach other provincial groups of women in regard to a deputation appearing before the Hon. David Croil on this subject. An amendment to the effect that the Community Health Association request the Board of the R.N.A.O. to organize such a deputation resulted in animated discussion. Miss Edna Moore brought up the point that a committee of the R.N.A.O. are already

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studying the matter of nursing care for the indigent. Finally a resolution, moved by Miss Dyke and carried, authorized the Community Health Association to express its appreciation to the R.N.A.O. for its efforts to advance maternal care in the province and to request progress reports when possible. The Maternal Care Committee is to be enlarged to include representatives of the suburban communities surrounding the city of Toronto in order to study the information submitted by the R.N.A.O. in its relation to Greater Toronto. Dr. Lange, who is now Professor of Languages at the University of Toronto, spoke on conditions in Germany, his fatherland. The following officers were elected: President, Miss L. Gamble; first vice-president, Miss M. Sharpe; second vice-president, Miss Z. Keefer; treasurer, Miss A. Riordan.

TORONTO WESTERN HOSPITAL: The graduating exercises of The Grace and Western divisions were held on June 3, when twenty-three nurses received their diplomas. Miss Margaret Weir (1933) is taking a postgraduate course in Anaesthesia at Hartford, Conn. Miss Rosamond Harris is taking a postgraduate course in operating room technique at the Keeler Hospital, Rochester, Minn.

MARRIED: Recently Miss Leota Steacy (1925), to Mr. Wilfred C. Lethbridge.

PEMBROKE: A meeting of District 8, R.N.A.O., was held in Pembroke recently. Miss Blanche Anderson presided and satisfactory reports from the different sections were read. The following delegates read reports of the annual meeting of the R.N.A.O.: Miss E. B. Rogers, Miss M. Downey, Miss Hall, Miss M. Tanner. An instructive address on "Some problems relating to carcinoma of the stomach" was given by Dr. R. E. Valin, of Ottawa, and Dr. S. Mirsky gave an excellent paper on "Arteriosclerosis and its relation to cardiac disease." In the evening, the "Off-Duty Review" under the leadership of Miss Kathleen Bayley was presented before a large audience. The receipts from this concert were donated to the Permanent Education Fund.

OTTAWA: Miss Ethel Burns (R.V.H.), who has been in charge of the physiotherapy department of the Ottawa Civic Hospital since 1925, has resigned and will be married during the early summer.

DISTRICT 9

NEW LISKEARD: The Cobalt, Haileybury and New Liskeard branch of District 9 of the R.N.A.O. held its annual meeting recently at New Liskeard, with Miss H. E. Smith, chairman, presiding. Reports were read and new officers were appointed. Miss Joyce Stevens was appointed secretary and Miss Mary Gar-

vin, vice-chairman, while Miss H. E. Smith will continue as chairman for another term.

NORTH BAY: A civic ceremony at the City Hall, North Bay, recently marked the presentation of the King's Jubilee medals by His Honour the Mayor. Among those who received this award were three nurses of the North Bay Chapter of District 9 of the R.N.A.O. They were: Miss Helen Jordan, superintendent of Queen Victoria Memorial Hospital; Miss K. F. Docker of the Victorian Order of Nurses, and Miss K. MacKenzie, public health nurse. The Reverend Mother St. Phillippe of St. Joseph's Hospital also received the award.

DISTRICT 10

FORT WILLIAM: The Alumnae Association of the McKellar Hospital recently held a successful bridge. The hostesses were members of the classes from 1914 to 1920. The proceeds amounted to \$25.00 and will go towards refurnishing the Isobel Johnston ward.

PORT ARTHUR: District 10, R.N.A.O., recently arranged a bridge party, the proceeds to go towards the Permanent Education Fund. The guests were received by the president, Miss Vera Lovelace.

QUEBEC

MONTREAL GENERAL HOSPITAL: The following members of the Alumnae Association were awarded Jubilee medals: Miss M. K. Holt, Miss I. Davies, Miss E. Upton, Miss N. Tedford, Miss C. V. Barrett, Miss M. Batson, Miss E. Handcock, Miss C. Watling, Miss B. A. Moores, Miss B. G. Herman, Miss M. MacDermot, Miss C. Cass, Mrs. Stuart Ramsay, Miss M. Buchanan, Miss G. MacKay, Miss M. Mathewson, Miss M. Lawrence, Miss M. Taylor, Miss M. Lewis Brown, Miss A. T. Flynn (West. Div.), Miss C. Nixon (West. Div.), Miss E. F. Bradley (West. Div.). The following nurses have successfully completed their postgraduate work at the School for Graduate Nurses McGill University: Miss Dorothy Flint (1929), in teaching; Miss Margaret MacKay (1929), in public health; Miss Bernice Underhill (1932), in teaching; Miss Dorothy Colquhoun (1933), in public health. Miss Helen Peters (1920), has been appointed superintendent of nurses of the University Hospital, Edmonton, Alta. Miss Peters took the course in administration at the McGill School for Graduate Nurses in 1927. Miss Bernice Underhill (class 1932), has taken charge of the women's surgical ward for the summer months. Miss Webster met a number of her old friends at a small tea given by Miss Holt on her return from the investiture at Ottawa. A farewell party was given recently for Miss Grace Pounden (1931), by the nursing staff on the eve of

JULY, 1935

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her departure for Vancouver. A letter has been received from Miss Ann Colquhoun, a member of the class of 1892, who now resides at Mills, California.

MONTREAL GENERAL HOSPITAL: Miss Holt and Miss Batson attended the meetings of the National League of Nursing Education recently held in New York. These were of special interest in that they reacted directly upon the revision of the curriculum in Schools of Nursing. Miss Elizabeth Ross (1905), Philadelphia, gave a delightful dinner party on June 6 at which Miss Elizabeth Odell (1915), Miss Holt and Miss Batson were present. Miss Bernice Kent (1929) is now supervisor of the pediatric unit in the Bridgeport Hospital, Bridgeport, Conn.

MONTREAL: Royal Victoria Hospital: The graduation exercises took place on May 27 with Dr. Chipman presiding. Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses for Canada, gave a most inspiring address to the graduating class. Mrs. Andrew Allan presented pins and diplomas to fifty-six graduates.

MARRIED: On June 8, 1935, Miss Jean Crosthwaite (R.V.H., 1932) to Dr. Gilbert McKelvey.

MARRIED: On May 18, 1935, Miss Lila McDonnell (R.V.H., 1933) to Mr. Bob Smeed.


MARRIED: On May 31, 1935, Miss Vivian Peabody (R.V.H., 1934) to Mr. Paul Pronty.

MARRIED: On June 1, 1935, Miss Amy V. Stoddard (R.V.H., 1921), to Mr. Sidney Harcastle.

SASKATCHEWAN

REGINA: The graduation exercises of the School of Nursing of the Regina General Hospital were held recently, followed by a reception. Thirty-two nurses received their diplomas and pins. The medal for proficiency was awarded to Miss Florence Troughton, of Lumsden, who also received the medal for practical nursing. The pediatrics prize was awarded to Miss M. Tullis, of Birsey, the medal for surgical nursing to Miss M. Malkinson, of Tisdale, and the Florence Nightingale prize to Miss P. Whatley, of Kindersley. The Carss Memorial scholarship for a one-year post-graduate course was awarded to Miss Myrtle Main, of Summerberry, a member of the class of 1934. A tea was held in June at the Regina General Hospital, when about fifty dollars were received to be used for relief work.

SASKATOON: The School of Nursing of the City Hospital held its graduation exercises recently, when twenty-five nurses received the diplomas and pins of the school. Mr. J. M. Stevenson, K.C., presided and Rev. J. A. McKenzie pronounced the invocation. Dr. W. S. Holmes, president of the medical staff, gave the address to the graduating class. Mr. Leonard Shaw, superintendent of the hospital, presented the diplomas and Miss E. Amas, director of nurses, presented the pins. The valedictory address was given by Miss Jean Stevenson. Later in the week the Alumnae Association gave a banquet in honour of the class. Miss A. Ferguson, president of the Association, welcomed the guests. The members of the class were also guests of honour at a charming tea given by Mrs. Leonard Shaw.




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MONTREAL UNIT: On May 4, sixty members of the Unit were entertained at Ste. Anne's Military Hospital, Miss Margaret Galbraith and the staff of overseas nurses acting as hostesses. On Jubilee Day, at the ceremony held at Fletchers Field, we were represented by Miss Enright, our president, and a group of Sisters, and in the afternoon the following members were presented with Silver Jubilee Medals: Miss C. M. Watling, Miss E. Handcock, Miss I. Davies, Miss D. Moore, Miss E. F. Bradley, Miss M. Clint, Miss C. Nixon, Miss M. L. Moag, Miss N. Enright, Miss C. Harrison, Miss E. F. Upton, Mrs. S. Ramsay, Miss O. Fitzgibbon, Miss M. MacDermot, Miss L. Gass. Medals were presented to the following members at Ste. Anne's Military Hospital: Miss M. M. Galbraith, Miss C. A. Donnelly, Miss Y. Blais, Miss K. M. Byrnes, Miss L. E. Connerty, Miss M. S. Dewer, Miss J. J. James, Miss H. James, Miss E. K. Moody, Miss H. J. MacArthur, Miss M. McKenna, Miss I. A. MacDonald, Miss A. Snider, Miss C. C. Thompson, Miss M. A. Vance. On Empire Day Miss Enright, representing the Unit, attended the Memorial Service held on the St. Lawrence River in memory of those of the Navy who had died for their country; with Mrs. Falles-Jones and the Sisters from Ste. Annes, who were in uniform, she was present at the Memorial Service held at the Field of Honour, Point Claire. After the service a wreath was laid on Miss Bardon's grave.

VANCOUVER UNIT: The Vancouver Unit of the Overseas Nursing Sisters Association of Canada were recently entertained at tea by Mrs. J. B. Rose, assisted by the convener, Mrs. George Stead. Presiding at the tea-table were: Miss J. Matheson, Miss J. Johnston and Mrs. H. Black. Out-of-town guests included Mrs. F. W. Andrew of Summerland, Mrs. G. H. Balfour of Winnipeg and Mrs. M. Krolik of Montreal.

WINDSOR: A meeting of the Overseas Club was held at the home of Mrs. Windelar in the form of a delightful dinner party, twelve members being present. The members presented Miss C. LaRose with a handsome brass warming pan.

WINNIPEG UNIT: The Overseas Nursing Sisters Association held their tenth annual dinner meeting recently. At the head table with the club executive as honour guests were two Nursing Sisters who are veterans of former conflicts: Mrs. A. Howard, who nursed the troops during the Riel Rebellion, and Mrs. A. Bond, who nursed the wounded in the Zulu War and the Egyptian Campaign. The newly elected executive is as follows: President, Miss E. Parker; first vice-president, Mrs. Fletcher Argue; convener, social committee, Mrs. G. Hamblin; memorial and poppy convener, Miss J. Macdonald; membership, Miss A. Blais; visiting, Mrs. C. Davidson; secretary-treasurer, Mrs. S. G. Kerr; advisory committee, Mrs. E. DePencier, Miss M. McGillivray, Mrs. D. Macdougall.

OBITUARY

ANDERSON—On May 15, 1935, the death occurred after a brief illness of Mrs. J. H. Anderson (Muriel Evelyn Storey), a graduate of the class of 1913 of the School of Nursing of the Ottawa General Hospital. For four years Mrs. Anderson was a member of the nursing staff of the Isolation Hospital; she took an active part in community and nursing affairs, and served as president of her Alumnae Association for two years and subsequently for four years as chairman of the Ottawa Chapter of the Graduate Nurses Association.

HAMILTON—Suddenly, at Dalhousie Junction, N.B., Mary, wife of Angus M. Hamil-

ton. Friends of Mrs. Hamilton will remember her as Mary Shaw, a member of the class of 1915 of the School of Nursing of the Winnipeg General Hospital. She served with distinction as a Nursing Sister in the Canadian Army Medical Corps during the Great War.

MACKEY—On May 31, 1935, the death occurred of Marion Crowell, beloved wife of Dr. F. H. MacKay. Mrs. MacKay was a member of the class of 1911 of the School of Nursing of the Royal Victoria Hospital, Montreal.

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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 229 Eighth Ave. N.W., Calgary.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg; (2) Miss G. Thompson, 753 Wolsley Ave., Winnipeg; (3) Miss C. Maddin, 753 Wolsley Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss L. G. Hall, Victorian Order of Nurses, Halifax; (2) Miss H. Joncas, Victoria General Hospital, Halifax; (3) Miss M. O. Gray, New Glasgow; (4) Miss C. MacLean, 97 South Kline St., Halifax.

Ontario: (1) Miss M. Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, R.R. 1, Brantford; (3) Miss D. Mickleborough, 9 Humewood Dr., Toronto; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss A. Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss D. McKenna, Summerside; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss E. Buchanan, Royal Victoria Hospital, Montreal; (3) Miss E. M. Lewis, 1246 Bishop St., Montreal; (4) Miss R. Cochrane, Maplehurst, Summit Circle, Montreal.

Saskatchewan: (1) Miss E. Amas, City Hospital, Saskatoon; (2) Miss A. F. Lawrie, General Hospital, Regina; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal;
PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg;
PRIVATE DUTY: Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; **VICE-CHAIRMAN:** Miss C. Brewster, General Hospital, Hamilton; **SECRETARY:** Miss N. Nagle, Royal Victoria Hospital, Montreal; **TREASURER:** Miss M. B. Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS—Alberta: Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss A. J. MacLeod, General Hospital, Vancouver. **Manitoba:** Miss G. Thompson, 753 Wolsley Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss H. Joncas, Victoria General Hospital, Halifax. **Ontario:** Miss S. M. Jamieson, R.R. 1, Brantford. **Prince Edward Island:** Miss F. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss E. Buchanan, Royal Victoria Hospital, Montreal. **Saskatchewan:** Miss A. F. Lawrie, General Hospital, Regina.

PRIVATE DUTY SECTION

CHAIRMAN: Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon; **VICE-CHAIRMAN:** Miss J. L. Church, 120 Strathcona Ave., Ottawa; **SECRETARY-TREASURER:** Miss H. E. Wills, 2840 Robinson St., Regina. **COUNCILLORS—Alberta:** Miss J. Clow, 229 Eighth Ave. N.W., Calgary. **British Columbia:** Miss E.

Paulson, 432 Ash St., New Westminster. **Manitoba:** Miss P. Brownell, 215 Chestnut St., Winnipeg. **New Brunswick:** Miss M. McMullen, St. Stephen. **Nova Scotia:** Miss C. MacLean, 97 South Kline St., Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss R. Cochrane, Maplehurst, Summit Circle, Montreal. **Saskatchewan:** Miss H. E. Wills, 2840 Robinson St., Regina. **CONVENER OF PUBLICATIONS:** Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; **VICE-CHAIRMAN:** Miss M. Kerr, Eburne; **SECRETARY-TREASURER:** Miss Isabel McDiarmid, 363 Langaide St., Winnipeg.

COUNCILLORS: Alberta: Miss A. A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, 753 Wolsley Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss M. O. Gray, New Glasgow. **Ontario:** Miss D. Mickleborough, 9 Humewood Dr., Toronto. **Prince Edward Island:** Miss D. McKenna, Summerside. **Quebec:** Miss E. M. Lewis, 1246 Bishop St., Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Association of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, Central Alberta Sanatorium, Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 229-8th Ave. N.W., Calgary; *Public Health*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Elsie Wilson, 668 Bannatyne Ave., First Vice-President, Miss S. Wright; Second Vice-President, Miss E. Parker; Third Vice-President, Sister Mary Charles; *Members of Board*: Misses C. Macleod, G. Johnson, H. Tregar, J. Houston, E. Fraser, K. W. Ellis, E. Robertson, Sister Krause; Secretary, Mrs. Stella Gordon Kerr, Ste. 5, 217 Sherbrooke St. W., Winnipeg; *Conveners of Sections: Public Health*, Miss C. Maddin, 753 Wolsley Ave.; *Private Duty*, Miss Pearl Brownell, 215 Chestnut St.; *Nursing Education*, Miss G. Thompson, 753 Wolsley Ave.; *Committee Conveners: Social*, Miss S. J. Roberts, Deer Lodge Hospital; *Visiting*, Miss L. Kelly, 753 Wolsley Ave.; *Membership*, Miss H. Steadman, 510 Medical Arts Bldg.; *Directory*, Miss K. McCallum, 181 Enfield Crescent, Norwood; *Legislative*, Miss K. W. Ellis, Winnipeg General Hospital; *Press and Publications*, Miss E. Banks, 64 St. Cross St.; *Library*, Office Staff, 510 Medical Arts Bldg.; *Representatives to Local Council of Women*, Mrs. A. C. McFetridge, 71 Cambridge St., Miss M. Black; to *Central Council of Social Agencies*, Miss F. Robertson, 753 Wolsley Ave., Miss J. McDonald, Mrs. W. Thomas; to *Victorian Order of Nurses*, Miss E. Russell, Legislative Bldg.; to *Junior Red Cross*, Miss R. Dickie, 103 Chestnut St.; to *Red Cross Enrolment*, Miss N. O'Shaughnessy, Dept. of Health, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandorser; Second Vice-President, Mrs. A. G. Woodcock; Honorary Secretary, Rev. Sister Kenny; *Councillors*: Miss Margaret Murdoch, Miss Grace A. K. Moffat, Miss Myrtle Kay, Miss Elsie M. Tulloch; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Private Duty*, Miss Mabel McMullen; *Public Health*, Miss Ada Burne; *Convenor of Constitution and By-laws Committee*, Miss S. E. Brophy; *Representative to The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Miss Sarah Archard, Victoria General Hospital, Halifax; Second Vice-President, Miss Anna Hilcoat, Amherst; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Wilcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss S. Margaret Jamieson, R.R. 1, Brantford; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss D. Mickleborough, 9 Humewood Dr., Toronto; *District 1: Chairman*, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3: Chairman*, Miss A. Bingham, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4: Chairman*, Miss C. Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. N. Barlow, 211 Stinson St., Hamilton; *District 5: Chairman*, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss I. Park, 1348 Yonge St., Toronto; *District 6: Chairman*, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7: Chairman*, Miss L. D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss O. Wilson, General Hospital, Kingston; *District 8: Miss M. B. Anderson*, Civic Hospital, Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. Luton, Civic Hospital, Ottawa; *District 9: Miss H. E. Smith*, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanatorium P.O., Gravenhurst; *District 10: Chairman*, Miss V. Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Walker; Vice-Chairman, Miss M. Hoy; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses R. Rouatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Ferrin, Mrs. Malone; *Committee Conveners: Nursing Education*, Miss D. Thomas; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Permanent Education Fund*, Mrs. Hedley Smith; *Membership*, Miss G. Versey; *Publications*, Miss E. Kennedy.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss A. E. Bingham; Vice-Chairman, Miss H. L. Potts; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charney, A. M. Cook, L. Ferguson, A. MacDonald, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss M. Davidson; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Vice-Chairman, Miss McCort; Secretary-Treasurer, Mrs. N. Barlow, 211 Stinson St., Hamilton; *Councillors*: Misses C. Sheridan, I. Murray, L. McElhone, A. Wright, J. Allen, A. Oram; *Committee Conveners: Nursing Education*, Miss H. Brown; *Public Health*, Miss Edna Bell; *Private Duty*, Miss I. MacIntosh.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Sec.-Treas., Miss I. Parks, Apt. 95, 1348 Yonge St.; *Councillors*: Misses J. Anderson, M. Floyd, O. Waterman, J. Farquharson, E. Moore, A. Scott; *Committee Conveners: Nursing Education*, Miss W. Chuter; *Private Duty*, Miss M. St. John; *Public Health*, Miss K. McNamara.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss M. E. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. J.

Luton; *Councillors*: Misses K. Bayley, M. Hall, M. Moorhead, M. MacLaren, M. Slinn, M. B. Thompson; *Committee Conveners*: *Membership*, Miss G. Clarke; *Publications*, Miss E. McIlraith; *Nursing Education*, Miss E. McIlraith; *Private Duty*, Miss M. Hewitt; *Public Health*, Miss H. O'Meara.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; *First Vice-Chairman*, Miss Jean Smith; *Secretary-Treasurer*, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Rev. Sister Fidelis, Miss Mina Carson, Miss H. Jordan, Rev. Sister Felicitas, Miss H. Atkinson, Miss G. Rowden.

District 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; *Vice-President*, Miss M. Hamilton; *Secretary-Treasurer*, Miss T. Graham, 222 Cooke St., Port Arthur; *Councillors*: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; *Vice-President*, Miss M. King, Charlottetown Hospital; *Secretary*, Miss M. Campbell, 8 Grafton St., Charlottetown; *Treasurer and Registrar*, Miss Edna Green, 257½ Queen St., Charlottetown; *Conveners of Sections*: *Nursing Education*, Miss F. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss Dorothy McKenna, Summerside; *Private Duty*, Miss M. Gamble, 61 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcelin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte

Tassé; *President*, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; *Vice-President* (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; *Vice-President* (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; *Hon. Secretary*, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Hon. Treasurer*, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members*: Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan; *Conveners of Sections*: *Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle, Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Guelin; *Public Health* (Bi-lingual), Miss Esther M. Lewis, V.O.N., Montreal; *Board of Examiners*: Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal, Miss Ethel Sharpe, 43 Windsor Ave., Westmount, Mlle. Edna Lynch, 4642 rue St. Denis, Montreal, Mlle. A. Marie Anyaie Deland, Institut Bruchési, Montreal, Mlle A. Marchessault, 3256 ave Lacombe, Montreal; *Executive Secretary-Registrar and Official School Visitor*, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; *First Vice-President*, Miss M. H. McGill, Normal School, Saskatoon; *Second Vice-President*, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; *Secretary-Treasurer-Registrar*, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; *President*, Miss P. Gilbert, 113 25th Ave. W.; *First Vice-President*, Miss F. E. C. Reid; *Second Vice-President*, Miss O. Zimmerman; *Rec. Secretary*, Miss A. Young; *Corresponding Secretary*, Miss M. Fleming; *Treasurer*, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; *First Vice-President*, Miss M. A. Turner; *Second Vice-President*, Miss E. Standing; *Treasurer*, Miss E. Gavin; *Recording and Corresponding Secretary*, Miss H. S. Peters, University Hospital, Edmonton; *Registrar*, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; *First Vice-President*, Mrs. G. Crookford; *Second Vice-President*, Miss M. Reid; *Secretary*, Miss V. Crandall, Medicine Hat General Hospital; *Treasurer*, Miss F. Smith; *Committee Conveners*: *Membership*, Miss C. Walker; *Visiting*, Mrs. W. A. Fraser; *Representatives*: to *Private Duty Section*, Mrs. C. Pickering; to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent Kootenay Lake General Hospital; *President*, Miss V. B. Eidt; *First Vice-President*, Miss M. Madden; *Second Vice-President*, Miss M. J. Leslie, Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; *First Vice-President*, Miss A. J. MacLeod, Vancouver General Hospital; *Second Vice-President*, Miss P. Mooney, St. Paul's Hospital; *Secretary*, Miss D. L. Webster, 6207 Balsam St.; *Treasurer*, Miss L. Archibald, 536 West 12th Ave.; *Council*: Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss E. V. Cameron; *Membership*, Miss M. Dutton; *Visiting*, Miss J. Johnston; *Directory*, Miss M. Ogilvie; *Social*, Miss G. Currie; *Representatives*: to the *Press*, Miss G. Archibald; to *Local Council of Women*, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; *President*, Miss E. Toynbee; *First Vice-*

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian*

Nurse, Miss H. Durant, 42 Main St. East; *Committee Conveners: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnson; Second Vice-Pres., Mrs. C. McManus; Treas., Miss T. Holm; Rec. Sec., Miss Einarson; Corr. Sec., Mrs. A. E. Jones, 9713 Jasper Ave.; *Members of Executive*: Mrs. Baker, Mrs. Thompson, Miss M. Griffith; *Committee Conveners: Visiting*, Miss H. Dean; *Social*, Miss Mullen; *Programme*, Miss M. Griffith; *News Letter*, Mrs. Elwell.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namaso; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; *Convener, Social Committee*, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners: Programme*, Miss M. Tennant; *Membership*, Miss M. Ferris; *Visiting*, Miss H. Arnold; *Refreshments*, Miss M. Pooley; *Sewing*, Mrs. L. Gordon; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; *Representative to V.G.N.A.*, Miss Rhodes.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres., Miss M. Mirfield; Second

Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmillar Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees: Social*, Mrs. J. H. Russell; *Visiting*, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Conveners: Visiting*, Miss Ditchfield; *Entertainment*, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K. McCallum, 181 Enfield Cr. Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriners' Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; *Committees: Social*, Miss E. Banks, 64 St. Cross St., Winnipeg, Miss J. Williamson, Miss A. Nelson; *Visiting*, Miss T. Grenville, 211 Hill St., Norwood, Miss K. Rowan, Miss J. Greig; *Press Representative*, Miss B. Altman, 420 College Ave., Winnipeg; *Representatives to Local Council of Women*, Miss B. Altman, Miss B. Chandler, Miss M. Spooner.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12½ Diana Cr.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners: Membership*, Miss I. Ramsay, Central Tuberculosis Clinic; *Visiting*, Miss J. Morgan, 102 Rose St.; *Entertainment*, Mrs. C. McMillan, Hertford Blvd., Tuxedo; *Special Committee*, Miss P. Brownell,

215 Chestnut St.; *Alumnae Club*, Miss F. Tretiak, Broad Valley, Man.; Editor of Journal, Miss F. McRae, 44 Evanston St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, Ste. 16, Chelsea Court.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee*: Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

A.A., Chipman Memorial Hospital, St. Stephen

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AUGUST 1935
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CANADIAN NURSES
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VOL. XXXI

MONTREAL, QUE., AUGUST, 1935

No. 8

THE NATIONAL CONFERENCE OF SOCIAL WORK

During the second week of June a notable event took place in Montreal when this city was the meeting place of the National Conference of Social Work, an American organization which links up an extraordinary diversity and range of social agencies. In addition to the sections of the conference itself, no less than forty-seven separate and distinct organizations held their own meetings, as well as taking part in the general sessions. Four hundred and eighty speakers were listed in the official programme, and this spate of oratory does not include the many who put in a word without being unduly pressed. Six thousand persons attended, most of whom are actively associated with social work in some capacity or other: an impressive demonstration in itself of the growing importance of social work as a factor in community life.

Since the conference is primarily an American enterprise the American influence was naturally predominant. The wife of the President of the United States of America was an honoured guest at a dinner when the principal speaker was Mr. Harry L. Hopkins, administrator of the Federal Emergency Administration which is engaged in the stupendous task of social reconstruction now in progress in that country. One of the most vivid of the speakers who addressed the huge mass meetings was Miss Frances Perkins, Secretary of Labour for the United States; for many of those attending the conference its climax was reached in the moving and eloquent address given by Mary van Kleeck, director of the division of indus-

trial studies of the Russell Sage Foundation.

A characteristic feature of the conference was the overwhelming preponderance of women. Though social work, like nursing, is still to some extent the province of women, signs are not wanting that the balance is being redressed, since of the many speakers, more than half were men.

Some Trends

It would be impossible here to do more than indicate general trends. At the mass meetings, the central topic was the present social and economic crisis and the measures which are being or must be taken to cope with it. In the section meetings, considerable emphasis was laid upon social case work and it was refreshing to find that there was a spirit of questioning abroad which mitigated the smugness which at one time seemed to characterize the discussions of this particular group. The chastening influence of the depression has worked wonders here just as it has in other professional groups a little nearer home.

It was exasperating not to be capable of being in two or three places at one time, for the sessions of any one of the associated groups might profitably have employed one's whole attention. This statement particularly applies to the sessions of the American Association of Medical Social Workers. A very fine contribution was made to the deliberations of this group by Miss Cherry Morris, the Lady Almoner of St. Thomas's Hospital, London, in an address which

dealt (from the English point of view) with medical social work in a changing world.

We did manage to attend one of the lively meetings of the rank and file group, membership in which is confined to workers below the rank of supervisor. The topic under discussion was the realistic approach to case work and it was quite evident that neither the speakers nor the audience cherished many comforting illusions.

Political Aspects

One could not help being impressed by the evidence, apparent on all sides, that social workers in the United States, exercise considerable influence on governmental activities and policies and as an organized group must now be recognized as a new political force. There was a subtle suggestion of conscious power in the bearing of most of the leaders. Perhaps the poor gentleman who said: "The United States is now governed by social workers, *women at that*," was not so very far wrong.

Another comparatively new development was the visible impact of the social services directed by governmental authority upon those conducted under the

control of private organizations. The leaders of the first named group seemed either to be on the defensive or else a little too aggressively sure of themselves. Either attitude seems to indicate that they are as yet a little uncertain of their position in the general scheme of things.

Comparisons

Inevitably one is tempted to compare the present status of social work with that of nursing. At the moment some of us who work with social workers have developed a slight inferiority complex, but whether we like it or not, we have got to learn to adjust ourselves, and the sooner we do it the better. More of our best women should be encouraged to qualify themselves as social workers; we could then look to them to act as interpreters. After all, we have much in common: we are both striving to attain professional status; we are both trying to build up reasonably strong professional schools; we have both grown much too fast in point of numbers for our own good. But there are stronger bonds than these: we are both dedicated to the task of helping to make a new and better world for men, women and children to live in. Let us join hands and get on with it.

THE ANNUAL MEETING IN P.E.I.

HATTIE MacLAINE, Secretary, Registered Nurses Association of Prince Edward Island.

The annual meeting of the Registered Nurses Association of Prince Edward Island was held on June 11 in the new Prince Edward Island Hospital in Charlottetown. In her presidential address, Miss Mair gave a review of the year's work, making special mention of the studies being carried on by the private duty section, and of the work of the committee in charge of school inspectorship. Interesting reports were submitted by the registrar, the secretary, the joint study committee, the Nightingale Memorial, and Red Cross enrolment. Two excellent addresses were features of the afternoon meeting, one on preventive dentistry given by Dr. H. Thomson, field secretary of the Dental Hygiene Council of Canada, and one entitled "Our Association and what it means to me"

by Mrs. Percy Proude of Charlottetown.

The result of the election of officers is as follows: President, Miss Anna Mair (*re-elected*); vice-president, Mrs. Percy Proude, Charlottetown; secretary, Miss Hattie MacLaine, P.E.I. Hospital; treasurer-registrar, Miss Linnie Platts, P.E.I. Hospital; chairman of public health section, Miss Ina Gillan, Kent Manor, Charlottetown; chairman of private duty section, Miss Millie Gamble, Ambrose St., Charlottetown; chairman of nursing education section, Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown. The annual dinner was well attended, and solos rendered by Mrs. N. D. MacLean (Eva Murdock, P.E.I. Hospital 1923), in her usual charming manner added greatly to our pleasure.

NURSING SERVICE FOR THE COMMUNITY

HARVEY AGNEW, M.D., Secretary, Department of Hospital Service,
Canadian Medical Association.

It is my responsibility to discuss the subject of meeting the community's need for nursing service from the viewpoint of the medical profession. In so doing I find that one's approach is similar to that of an approach from the viewpoint of the patient, for actually the doctor's viewpoint is primarily that of service for the patient. His concern is mainly that his patients get the nursing service which they need. There is some difference however: the public at large is not interested in *how* the nursing service is provided, as long as it is provided, while the medical profession is vitally concerned with the method or technique, the *modus operandi*, of providing this service. It is of vital concern to the doctor that the nursing forces in his community be prepared technically, as well as sociologically and economically, to meet the varied needs of the sick.

Hospital Nursing

Let us then ask "do the nursing facilities of my (or your) community meet the needs of the practising doctor and his patients?" First of all let us consider hospital practice. Here the doctor is anxious that it be both adequate and competent. In these days when practically every community has a hospital or, thanks to good roads and cars, one is less than an hour away, people are going to hospitals more than ever before and most of our serious illnesses and much of our obstetrics are cared for in these institutions. This means that our hospitals must provide a well organized and disciplined nursing staff with highly efficient supervision—particularly in the operating room and the case room. From a wide knowledge of conditions from coast to coast I feel that in the vast majority of our hospitals such is pro-

vided. Also there should be available for every hospital special nurses who are capable of nursing the unusual and serious cases; outside of larger centres, such are not always available.

A real problem in some hospitals, particularly those small ones with training schools, is the danger of "inbreeding." By inbreeding I mean a practice, common in many hospitals, of filling all vacancies with graduates of their own school. Of course it is commendable to recognize the ability of one's own graduates and the hospital may feel under some obligation to find work for those who are perhaps daughters of its most loyal supporters, but there is a distinct advantage in having some of the nursing appointments filled by outside graduates with new methods and stimulating ideas. Naturally it is easier to manage a nursing service where everybody does everything as it was done when nurses wore bustles, but that does not spell progress. Local pride and prejudice should never be allowed to bar a hospital from choosing the logical applicant merely because she comes from another town or training school.

Costs of Hospital Nursing

In hospital circles there is much discussion of the relative costs of graduate versus training school nursing. It would seem that the haphazard setting up of training schools is over—or should be over—for now, with higher educational standards, the training school no longer provides a cheap form of nursing service and in many hospitals actually costs more to operate than would a graduate staff. Certain small training schools serve a distinct purpose, but it is a healthy sign that, in the last eleven years, some twenty-eight of these schools in this province have been closed and the opening of five others discouraged. Whether or not the government will assume the major por-

An address delivered at the annual meeting of the Registered Nurses Association of Ontario, April 26, 1935.

tion of the cost of nursing education as in the case of other professions remains to be seen.

It would seem also that we have made little progress in solving the economic problem created by the special nurse. In some of the larger hospitals it is almost imperative to have special nurses if the patient be really sick. Of course hospitals must balance their budgets and cannot be expected to supply unlimited nursing on demand, but it would seem that all but the most difficult nursing should be included in the ordinary charges. Naturally this would raise room charges, particularly if certain other extras were included, but our present arrangement is like the old way of buying a car with bumper, spare tires and visor, extra.

Nursing in the Home

It is the opinion of many medical practitioners that nursing in the home is much more difficult than in a hospital. It is one thing to work with complete equipment and quite another to be required to improvise practically everything used—to sterilize dressings in the oven or to use the family enema tube for a Murphy drip. I was greatly thrilled last autumn at the nurses' convention in Alberta to hear a provincial outpost nurse in a new pioneer settlement in the foothills a hundred miles or two west of Wetaskawin, tell of her ministrations in that rough district—of using cans stuffed with boiled potatoes for hot water bottles, of leaving spring clothespins to be boiled for handling sterile dressings.

And not only must the nurse improvise but hers is a much greater responsibility between the doctor's visits, particularly in rural areas, for there are no ward supervisors, no interns and perhaps no friendly telephone. Also she is at the mercy of endless relatives and is under the constant observation and perhaps criticism of the entire household.

Why do so many private duty nurses

specify hospital work only, or did until the depression came? Why do so many decline to go to the country, or accept only certain types of cases? Why can hourly nursing not be obtained in more communities? Is there some gap in the training? Have we concentrated too much upon the academic viewpoint and the institutional atmosphere and not enough upon the thought of community service and community needs?

Services Required

One is constantly impressed with the need for a greater range, a greater flexibility, of the nursing service in a community. How can the doctor or the patient get just the right type of nursing service required? Hospital and commercial registries seldom list other than registered nurses and in most instances only a portion of these. The proposed community bureaux of nursing sponsored by the Registered Nurses Association of Ontario, would fill a real need. It is sincerely hoped that the provincial funds requested will be forthcoming to permit their development.

The less skilled type of nurses, nursemaids and housekeepers fill a distinct need in many homes and must be recognized. The practical nurse will always be with us, particularly as higher standards of nursing will tend to concentrate the attention of the graduate nurse upon more specialized duties. In many localities most of the home confinements are nursed by practical nurses, many of whom are very competent, and most doctors in general practice have a list of practical nurses—I recall that I had one. At present these are unregistered and unlicensed; their training, if any, is often of doubtful quality and the vociferous protestations of some concerning their nursing ability is usually in inverse ratio to their actual skill and knowledge. The registration of all who nurse for hire has been recommended by the inter-relations committee of the Ontario Medical

Association. It would seem, too, that all of the various groups providing any kind of service to the sick should be more closely allied. We all have had a tendency to look upon any overlapping here and there not as co-operation but as encroachment.

The Public Health Nurse

How does the public health nurse fit in? A product of this generation she would seem destined to play a vital rôle in the care of the community health. Obviously she can be of tremendous assistance to the family doctor and as time goes on the great value of her service to the public will become more and more apparent. Linked with this public health work is the Red Cross nurse and the Victorian Order nurse. None can estimate the value of these services—of their educational work, their follow-up work, prenatal and postnatal check-ups, baby clinics, their parent group classes and their nutrition classes. The public health nurse is doing a great deal to reduce maternal mortality—that untold tragedy to the home and economic and social loss to the nation.

The advent of the public health nurse, however, has introduced a new factor into the patient-physician relationship. Her interest and responsibility in the case may not be suspected by the family doctor. Her approach may be through the school, through a public clinic or through the local health department where the medical advice may differ somewhat from his own. Moreover the family doctor often does not know her personally, thus making close understanding more difficult. For these reasons it is of the utmost importance that we strive to gain still greater understanding. It would be better if public health nurses could make personal contact with the family doctor whenever possible—messages transmitted through the parents are often distorted. Doctors must realize too that the public health nurse supplies a service to the family which he cannot

give or is too busy to give, although it must be kept in mind that the close relationship between family physician and patient has been a sacred tradition for so long that any third party brought into the picture faces a psychological handicap and can only attain the confidence which ultimately will be hers by consummate tact and diplomacy.

It is encouraging to note the progress made by our public health nurses in filling in some of the gaps in our health service, gaps which are still all too frequent in most communities. The proposal of the chairman of the Public Health Nursing Section of the Canadian Nurses Association for surveys of community health needs in nursing is very commendable and one hopes that it will be widely acted upon.

Economic Aspects

It is doubtful if the ideal nursing service can be fully achieved under our present system. There may be several reasons for this, but perhaps the greatest present handicap is an economic one. It is of but little value for a complete nursing service to be available when only a portion of the public is able to utilize it. Moreover at the present time one community may have an ideal private and public health nursing setup, but another community through lack of municipal or social leadership or for economic reasons may be overlooked. It is doubtful, too, if a provincial registration of all nursing for hire, as recommended in the *Survey*, could be enforced except under some plan requiring registration for payment.

There is much talk these days of health insurance. The old bugaboo of state medicine would seem dead, or dormant at least, but there does seem to be a definite trend towards health insurance, probably on a compulsory basis. We do have a number of voluntary plans now and more are being formed; some provide group hospitalization, some medical care; one in Calgary for an annual subscrip-

tion provides free nursing care when needed. These, however, serve local areas only. In any widespread general plan of health insurance it would seem desirable that nursing care be included. This should cover hourly nursing at home or continuous nursing if necessary. This association and the Canadian Nurses Association are already studying the place of nursing in health insurance and it is interesting to note that the inter-relations committee of the Ontario Medical Association, in the formulation of its plan for health insurance is recommending to the Council of that body that both hospital and home nursing be provided, the latter to be by visiting nurses or by continuous nursing to be supplied by graduates, or by qualified nursing housekeepers depending upon the type of service required.

Job Analysis

In conclusion, may I make another suggestion. Many industries make job-analyses of the responsibilities of their personnel; there should be a job-analysis, or a function analysis, of the responsibilities of the nursing profession—not of the nurses as individuals but of the broad profession as a whole, covering both

trained and untrained workers. The marvellous study of nursing education, conducted by Dr. Weir under the auspices of the Joint Study Committee several years ago, covered education thoroughly and delved to a considerable extent into the economic aspects of nursing service, but we need a continued study of the community's nursing needs and the developments required to effectually meet them. The work of the committee of the R.N.A.O., appointed to study community nursing bureaux is a long step in this direction.

In this service analysis we should ask: what is, or should be the function of the nursing profession? What are the nursing needs of the community? To what extent are we now meeting those needs? What remains to be done? How can it be best done and by whom? How can this work be financed and how and where can the properly qualified personnel be obtained? Such an analysis, made by the nursing profession with the assistance perhaps of the medical and other interested professions and of the public health authorities, would further the improvement and completion of a nursing service of which right now, despite certain shortcomings, we are very proud.

REGISTRAR AND SCHOOL INSPECTOR

Applications for the dual position of Registrar and School Inspector will be received by the undersigned up to, and including, September 7th, 1935. State qualifications, salary, etc.

MISS EDITH AMAS, *President*,
Saskatchewan Registered Nurses Association,
Saskatoon City Hospital, Saskatoon, Sask.

OUR HONOUR ROLL

In the July issue of the *Journal* brief reference was made to the award, upon the occasion of the King's birthday, of the title of Officer of the Order of the British Empire to two distinguished Canadian nurses, Miss Mary Ellen Birtles and Miss S. Emily Maxwell. At the same time the title of Member of the Order was bestowed upon Miss Euphemia Luella Denton and Miss Mona Wilson regarding

nursing; after graduation she was appointed almost immediately as nurse-in-charge of a hospital in Fargo, North Dakota. In 1890 she took charge of a hospital in Medicine Hat, Alberta, and in 1892 became assistant to Miss McVicar (also a graduate of the Winnipeg General Hospital), who was the first superintendent of the Brandon General Hospital. In 1894 Miss Birtles took charge



A group picture of the Nursing Staff of the Brandon General Hospital, taken in the 'Nineties. The Superintendent, Miss McVicar, is dressed in black; Miss Birtles is seated opposite to her.

whom more detailed comment will be made in a later issue.

Mary Ellen Birtles

In Western Canada one of the most outstanding of our pioneer nurses is Mary Ellen Birtles. An Englishwoman by birth, she qualified as a teacher, but in 1886 began a course in nursing in the Winnipeg General Hospital. At that time the course lasted two years, but characteristically enough, Miss Birtles remained for an additional year in order to round out her experience in obstetrical

of the Calgary General Hospital and in September, 1898, returned to the Brandon General Hospital as superintendent. She served in that capacity for twenty-one years until her retirement in 1919, since when she has found time to indulge her taste for music and for gardening. She is a charter member of the Manitoba Association of Registered Nurses and has always been a staunch supporter of all progressive nursing activities. To Miss Birtles belongs the honour of graduating on July 26, 1898, the first professional nurse trained in central Alberta in the

person of Miss Marion Moodie, now resident in Montreal.

The honour conferred on Miss Birtles has been a source of pride and pleasure to the School of Nursing of which she is a graduate and to the School of the Brandon General Hospital to which she devoted the most active years of her professional career. Miss Christine Macleod, the present superintendent of the Brandon General Hospital says of her: "She was forgetful of herself and sought only to place nursing itself in a place of honour." No higher tribute could be paid to an able leader and a good woman.

S. Emily Maxwell

The congratulations and good wishes of her professional associates were showered upon Miss Maxwell when, as a guest

of honour, she attended the dinner recently tendered to the graduating class of the School of Nursing of the Ottawa Civic Hospital. Miss Maxwell is supervisor of the nurses' residence in that institute, and the affection in which she is held was shown by the presentation on behalf of the hospital staff of an Italian cameo; the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital presented her with a silver toilet set.

Miss Maxwell is a native of Richmond, Ontario, and is a graduate of the School of St. Luke's Hospital, Ottawa. In 1910 she was appointed superintendent of nurses in that institution, a position which she held until, in 1924, she accepted the position she now fills with such success.

KEEP THE LAMP BURNING

Canadian nurses have a right to be proud of the fine record they have established in connection with the support of the Nightingale Memorial Foundation. As the years go by, the nurses successfully awarded the scholarships offered by the Canadian Nurses Association will be able to interpret to us all the deep significance of this international enterprise. A lamp has been lighted; keep it burning.

The following additional subscriptions to the Fund have been received:

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Nursing Staff, Shaughnessy Military Hospital	\$ 8.00
Nursing Undergraduate Society, University of British Columbia	8.50
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Mlle. Theodora Bertrand, Superintendent, Normand and Cross Hospital, Three Rivers	2.00

THE JUNIOR RED CROSS IN CANADA

JEAN A. MacKENZIE, Director, Saskatchewan Division, Junior Red Cross.

In Canada, as in several other countries during the war, children and young people were invited to participate in the humanitarian activities of the Red Cross. The first Junior Red Cross Charter was granted to a school in Saskatchewan in 1915, and at the close of the war numerous groups were actively functioning in schools throughout the Dominion. Fol-

lowing membership and scope of endeavour has been steadily increasing year by year until, at the end of the school year 1934, there were 290,684 members enrolled in 9,215 branches. In the comparatively short period of its existence, Junior Red Cross has grown with amazing rapidity into the largest child organization the world has ever known, having now



WEAVING BY THE INKAMEEP JUNIORS, OLIVER, B.C.

lowing the historic conference at Cannes and the establishment of the Red Cross on a peace-time basis, the Junior Red Cross movement was extended "for the purpose of inculcating in the children of its country the ideal of peace and the practise of service, especially in relation to the care of their own health and that of others, the understanding of civic and human responsibility and the cultivation of a spirit of friendly helpfulness towards the children in all countries." The peace-time programme was firmly established in each of the nine provinces in Canada before the end of 1922, and growth in

approximately fourteen millions members in fifty countries.

In the Schools

The organization functions through the schools and has been enthusiastically endorsed by leaders in health and education who recognize it to be pedagogically sound and a living force to instil habits of health, of social responsibility and of international understanding. The classroom is the unit of organization and the teacher acts as adviser. Membership is voluntary and open to any boy or girl under nineteen years of age willing to practise twelve simple rules of healthy

living and to help others who may need help. Meetings are carried out according to parliamentary procedure, and invaluable experience for future leadership is gained by the members in electing their own officers, appointing committees and



MEMBERS OF THE WHITE EAGLES BRANCH,
WEST KILDONAN, MAN.

in planning and carrying out programmes. The "Canadian Red Cross Junior", published monthly, and edited by Miss Jean E. Browne, National Director of Junior Red Cross, is the official organ of the society. It is welcomed by children and teachers alike, and the following tribute paid to it by the "Journal of Education for Nova Scotia" is typical of many:

Every month the Junior Red Cross sends to the teacher one of the most fascinating of children's magazines, filled not only with stories and pictures but with suggestions for activities that will aid her to meet the demands of the new education. This magazine supplements the regular textbook with interesting, concrete material related to life and of a kind needed for modern teaching. It is a tool of the highest quality and free from commercialism and propaganda.

In Junior Red Cross childhood is regarded as a complete stage of life in itself and not merely a preparation for adult life. The child is regarded as an entity, and his programme of health, service for others and international friendliness are used to develop him physically, mentally and spiritually. It has been found that membership in the

Junior Red Cross creates in a child a desire for good health for himself and others, and a willingness to put into practice the principles for which the organization stands. The Junior Red Cross conception of health is beautifully expressed in the words of Sir George Newman: "The ideal is by prevention to defeat disease and to lengthen man's days, but still more in the ultimate issue to emancipate the imprisoned splendour of the human spirit and furnish a larger degree of happiness, contentment and capacity."

Service

The motto of the Junior Red Cross is "I Serve", and the splendid achievements of the members are a challenge to older people. In Canada although a vast amount of valuable work is carried on locally by branches, efforts are chiefly concentrated on the Crippled Children's Fund which, combined with generous co-operation from physicians and surgeons who have donated much time and skill, has made possible the provision of free treatment to 11,572 physically handicapped children since the inception of the peacetime programme. This is exclusive of dental cases, and many of the patients were children suffering from orthopaedic deformities requiring prolonged hospitalization. There are two Junior Red Cross hospitals for children in operation, one in Calgary, Alberta, and the other in Regina, Saskatchewan, and in other provinces Juniors assist in financing the treatment of children in hospitals already existing. They take most practical interest in the welfare of the patients and, in addition to earning funds for their treatment, in itself an enormous undertaking, they perform innumerable little acts of kindness such as writing to them and sending gifts for special occasions and sewing and knitting useful garments. Much ingenuity is displayed by Juniors in earning funds and, in reading letters from the branches, one cannot fail to be

impressed by their spirit of sympathy and unselfish service for others.

For some years, orthopaedic clinics have been successfully conducted through the Junior Red Cross in Nova Scotia and Prince Edward Island. Last year nineteen clinics were held in the former province and four in the latter. In Montreal a Junior Red Cross Dental Committee, composed of representatives of several health and social agencies, and with the co-operation of the principals of schools, opened free dental clinics for school children from selected Montreal schools and from the schools of Verdun. The Junior Red Cross has advanced the funds to finance the scheme for four months, during which experimental period it is hoped that public support will be enlisted for its continuance.

International Friendship

Through the Junior Red Cross plan of international correspondence by means of portfolios and letters, the members in

any country are linked up with the great world membership, forming bonds of friendship and understanding based on the common ideal which unites them. It is interesting to note that during the last school year international correspondence in this country increased by 72 per cent. Millions of members of Junior Red Cross are constructing a brave new world,—not on the materialistic design of Aldous Huxley's conception but one based on moral truths. It is a world in which beauty reigns because health prevails; because people are "in fair compassions skilled" and eager to follow the example of Him who said, "I am among you as one who serves"; because hatreds among the people of the world are giving way to understanding and friendliness; because personal animosities are swept away in a great desire for working together in sympathetic fellowship with one's associates; this is the brave new world which will come more quickly because of Junior Red Cross.



HAPPY JUNIOR RED CROSS PATIENTS

ON THE TRAIL OF ADVENTURE

St. Anthony,
Newfoundland,
January, 1913.

Dear E.,

A nurse's idea of perfect bliss ought to be work in a mission hospital. No red tape to tie oneself in knots with, the fewest possible rules, and fellow-nurses who are there because of their keenness and interest in the work. Honestly—there is nothing like it. When I arrived last August there were crowds of wonderful volunteer helpers, specialists, nurses, and students of all brands doing any work that was required. By the end of September these had all gone and we were reduced to our winter staff of two doctors, a medical student, three nurses, and one or two odd men to "valet the reindeer" as our student, who is a wag, puts it. In addition there is the orphanage with its staff of two ladies, and the school-teacher and Mr. B., whose chief job is, I think, that of Postmaster-General. The *Prospero* paid her last visit here on Christmas Eve so this letter will travel by dog-team, and here's hoping for its safe arrival.

It is a white world, and the nights are wonderful with the flickering Northern Lights, and the dead stillness, broken at times by the wild, weird howling of the huskies, pack after pack taking up the challenge. In the hospital there isn't a dull minute, particularly at night for then rats simply abound. Dr. Grenfell has got some ferrets and if he lets these loose in the guest house all their rats come over to us, and if he chooses the hospital our rats stay to see the fun, so we get them either way. The other night I heard a weird tapping so went to investigate, and found a large rat lugging a big ship's biscuit downstairs after himself, while a perfectly gorged ferret watched the proceedings lazily from the top step. Before the ferrets, the doctor tried Irish terriers, but they refused to run unless their master ran too, which was altogether too exhausting. Mercifully the patients take it all as calmly as the ferrets. They (patients, not ferrets) are perfect dears, and are called "liveyers" because they "live here"; isn't it a beautiful name? Their language was a bit disturbing at first. One stalwart fisherman said to me, "Sister, I finds my dumb when I breezes down on he" and then repeated it louder and louder till I was fain to fetch the doctor to disentangle the remark. And what he meant was that his thumb hurt when he pressed it.

Up till Christmas our great excitement was the arrival of the steamer. This generally happened at night. You would hear her siren in the middle of a dream and a sleepy community turned out *en masse*. But you didn't

remain sleepy long. Presently stretcher cases would begin arriving in the wards and downstairs the big waiting-room would be filled to overflowing. Maids buzzed around with mugs of tea and much bread and butter, while doctors and nurses worked at high pressure. Meanwhile the steamer unloaded, then went on up to Battle Harbour and back to St. Anthony, taking about twelve hours for the trip. In the interval all the patients had to be thoroughly "vetted," some packed off to bed to wait for the *Prospero's* next visit, but the majority, some minus a tooth or two, and practically all plus bottles of medicines were ready for the return trip home. Then came some strenuous days of operating followed by comparative calmness till the next outburst. In between times patients arrived from adjacent spots, in small boats, so we were never dull.

We do get marvellous gifts out here; stores full of splendid clothes, both brand new and slightly worn; but we also appear to be a dumping ground for the "spring cleaner." Our last instalment included feather boas in an advanced stage of moult, worn-out suspenders, dance slippers with no toes, long, black cotton gloves, and bundles of Butterick's pattern books of bygone fashions, with here and there a set of false teeth. When Dr. Grenfell gets loose in the collection the fun is fast and furious. One set of teeth has grinned at us in the mouth of a snowman since October.

Christmas Day was one to remember. The steamer prodded her way through the ice into the harbour as we sat around a blazing fire in the doctor's house while he told us stories. We spent the rest of the night getting patients on her and off her and preparing things generally. The doctor held a service in the ward in the morning—then came dinner, with the doctor carving with a new amputating knife! followed by 3 o'clock and the waiting-room full of excited parents and children. Presently came the sound of bells, and across the hill came Father Christmas in a sleigh drawn by real, live reindeer, and with a most satisfactory sack on his back. He duly distributed toys and comforts and finally the day ended as it had begun, with a short service and some carols.

This is some letter, but I must say a word about my spell in the district. I stayed with a delightful fisherman, his wife and two children. The first night I rashly undressed and in the morning my breath was frozen in icicles on my hair. After that I went to bed more or less clothed and we washed *en famille* in a tin basin on the stove.

Always I kept listening for the shouts which proclaimed the advent of a fisherman and his

team "seeking sister." Often I would be told "Sister, your face has went," and thawing out in front of the stove was always a painful process. Medicines were in great demand even by those in rude health, and I left one dear old man completely happy with twelve sugar-coated almonds, one to be taken every four hours.

And now, good-night.

Yours,

L.

Battle Harbour,

Labrador,

August, 1913.

Dear E.,

This comes to you from the topmost peak of a big rock out in the ocean. "Out beyond" there are huge ice-bergs glinting white in the sun. Down below lies the hospital with its veranda full of patients basking in this summer day. The harbour is packed with schooners come in from the weeks' deep-sea fishing, for it is Sunday and no fishing is done to-day. Presently I will go down to the piece of grass sloping down to the water's edge, and there with the fishermen sitting and lying around him, Dr. Grenfell will hold the service.

Once more we are re-inforced by summer helpers and all the hospitals on the coast are working at high pressure while teaching in schools, road-making, house building, and the unloading of winter stores goes on merrily all around. And alas, I have to leave it all for a spell when the *Duchess* next calls in; but it has been a wonderful year.

Yours,

L.

P.S.—By the way, I've joined the Legion of Frontiersmen and am their first nurse. I've just been enrolled.

Battle Harbour again,

August, 1913.

Dear E.,

We duly left in the *Duchess* and after much night duty I went early to bed. About midnight I was wakened by the most tremendous racket underneath. I lay still and considered matters till the steamer gently heeled over and through the port-hole "flooded in the main." Then I got up, fished out some garments and emerged into the alleyway where the stewards were frantically seeking "the woman", that being me, the only specimen on board. On deck a student and I clung together affectionately while we dressed and an excited little person skipped about wailing "It's Hussy's rock." This annoyed my student who retorted with some heat "I don't care

whose rock it is, it's a dashed untidy thing to put it there."

The boats refused to be launched and the first one in, promptly sank. The others survived and we eventually got off. Before we left the ship a polite steward asked me if he could fetch me anything, and when I told him "some hairpins, please", he went off with alacrity and actually did rescue some from my now submerged cabin. Our calls for assistance were not heard so we meekly had to row some five miles or so to the shore leaving the *Duchess* to her fate, and causing much consternation when we suddenly appeared back in hospital.

And now I await another steamer with, I hope, better results; and I am at least unburdened with luggage.

Yours still,

L.

Shorncliffe, England,

October, 1914.

Dear E.,

How breathless life is these days. I only seemd to have landed when I found myself in Oban waiting with everyone else for the news which came on the 4th of August. Then came the journey south in a sea of khaki, to the Legion Headquarters, and the wait at Harrow with mother and H. for things to get going. Finally I got permission to take on a job meanwhile on condition I am free when the "Legion" needs me. Then the C.P.R. offices where I was interviewed, followed by the arrival here to find my fellow-nurses were mostly pals from the dear old H.S.C.

Never shall I forget the first batch of wounded—all Belgians. They were dead tired and hadn't had their clothes off for days. This lovely house with the waiting beds, bright fires and many flowers must have seemed a little bit of heaven. One man stood dazed on the threshold, then hobbled to a piano and picked out "God Save the King" with one finger. The dear old Scotch gardener is a tower of strength always. His method is to shut himself firmly into the bathroom with a selected Belgian, and shout at him in the broadest Doric until the man is induced to peel off his clothes and get into the bath. But now, this short episode is over for me and tomorrow I go North to be inspected by a mission doctor and his committee for work in a hospital in Arabia. I go with a clear conscience for they badly need a nurse, and here beautiful young things are positively falling over themselves to get accepted.

Yours,

L.

S.S. Dunvegan Castle,
Red Sea,
January, 1915.

Dear E.,

I seem fated to travel minus luggage these days; mine mislaid itself and never turned up when we were due to sail; probably all for the best, for four people in a small cabin leave little room for trunks. Luckily I had a hold-all with a change of undies so was able to exist till we reached Marseilles, where I fairly raked the shops through for suitable garments. I'm quite partial to this ship now, but she will take the prize for rolling every time, and in the Bay she surpassed herself. Bed was the only possible place and our cabin being near the saloon we heard a lot. Apparently the doors of the sideboards came off and all the cruets waltzed merrily round on the floor. With each roll came the crash of crockery and much lurid language. My nice doctor came at intervals to report. Ever since I met him and he escorted me round the committee he has seemed like an old friend. And he is never seasick which is such an advantage on a voyage!

Our first stop was Lisbon where we landed in a party and cheerfully inspected what we took to be an inferior Madame Tussaud's establishment in glass cases, till we suddenly

discovered the figures were actually those of quite dead kings. Our interest abated, especially when our guide informed us in detail that it had been impossible to secure enough portions of the last gentleman owing to a particularly effective revolution. We weren't allowed to land at Gibraltar, much to our sorrow, and we gazed longingly from the ship. At intervals there were scares of submarines but we never saw one.

We got to Naples on New Year's Day in a stiff gale. The ship was coaling during the four days we were in port and it poured rain in a steady flood, so we spent the time largely with a young octopus of singularly unpleasant aspect in the Aquarium, when we were not having tea in a delightful little place kept by two Scotch ladies. Port Said was a revelation to many of us and the glamour of the East descended on me. We landed about 2 a.m. to find the whole place brightly lit up and enterprising eastern gentlemen offering us topies, Persian carpets and Turkish delight with great zeal. Then came the canal with the banks swarming with troops, and now this is our last lap and soon the doctor and I will land at Aden. My next letter will be from the desert.

Yours,

L.

[Editor's Note: These letters were written to a friend by Louie Brice (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses, the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands. More letters will appear in successive issues.]



THE EDITOR'S DESK

Readers' Guide

In his thoughtful article entitled "Nursing Service for the Community," Dr. Harvey Agnew, secretary of the Department of Hospital Service of the Canadian Medical Association, indicates from a physician's point of view what such a service ought to be and how it might be provided. He also makes a plea for a functional analysis of nursing and it is encouraging to know that projects now under way in all three sections of the Canadian Nurses Association will eventually make this analysis possible. △ The fine work of the Department of Public Health of the city of Toronto is known all over the world, and nurses from many countries have observed and studied this organization and administration of its nursing division; Miss Elsie Hickey, supervisor of communicable diseases nursing, gives an admirably clear picture of the measures taken in Toronto to control and prevent tuberculosis. △ We hope to publish, in successive instalments, an excellent address given by Miss May Jones before the private duty section of the Registered Nurses Association of Ontario. Miss Jones is herself a private duty nurse and practises in London, Ontario. It is possible that all our readers will not agree with her upon every point, but it is nevertheless true that Miss Jones has the courage of her convictions and deserves a careful hearing. We suggest that this series would form a good basis for discussion at association meetings when the drowsy summer days are over; it will keep you awake, we promise you that. △ Miss Marion Lindeburgh and Miss Martha Batson have been kind enough to share with our readers their interesting impressions of the recent convention of the American National League of Nursing Education. We shall be glad to hear later from any enterprising instructors who have tried out the symposium method, as described by Miss Batson under the

caption of "A New Horizon." △ It would be a dull *Journal* which did not record new honours conferred on nurses. The appointment of Miss Birtles and Miss Maxwell as Officers of the Order of the British Empire has been a source of pride and satisfaction to their professional associates. △ In this number a series of three articles, describing activities of the Canadian Red Cross Society which are closely related to nursing, is brought to a close with an interesting account of the Junior Red Cross written by Miss Jean MacKenzie, who is the director of the Saskatchewan division of that organization. △ The growing importance of social work as a factor in our national life seems to justify a brief account of some of the outstanding features of the recent Conference on Social Work held in Montreal. Social workers will play an increasingly important part in the administration of the agencies dealing with unemployment and other economic difficulties and the field of public health nursing is so closely related to that of social work that it is sometimes difficult to establish any dividing line. Mutual tolerance and respect, not to mention a lively sense of humour, will bring about the sort of co-operation we need and that the public has a right to expect from us.

National Trends

At the June meeting of the Executive Committee of the Canadian Nurses Association a number of interesting and important matters came up for consideration. These are reported upon in this issue by the Executive Secretary under the caption of *Notes from the National Office*. You will therefore need the August *Journal* for reference when meetings begin again. If you have not time to read it now put it in some safe place where you can find it. Don't use it as a fan out on the beach or for any other frivolous use. Remember, we cannot guarantee to supply back numbers.

Department of Nursing Education

IMPRESSIONS OF THE N.L.N.E.

MARION LINDEBURGH, Chairman, Nursing Education Section, Canadian Nurses Association.

Another milestone was reached in the onward march of nursing education when the forty-first annual meeting of the National League of Nursing Education was held in New York during June. The occasion marked the seventy-fifth anniversary of the founding of the Nightingale School and the meetings centred around the whole problem of nursing education; it was natural that it should be so because the education committee of the League is at present undertaking an extensive revision of its curriculum.

Thanks to the able direction of Miss Isabel M. Stewart, the programme was admirable in every respect. The sessions were allotted to specific curriculum problems which followed each other with such logic and continuity that, at the end of a most inspiring and instructive week, one felt that there was nothing left to be said.

The papers presented were of unusual quality, and one was afforded the rare privilege of listening to speakers of outstanding ability and reputation in the nursing world. It left one with a real feeling of security and assurance that the reconstruction of the curriculum is controlled by nurses of wide vision and mature judgment.

Perhaps one of the most outstanding features was the share which was taken in the programme by hospital administrators, physicians and college professors. One was profoundly impressed with the remarkable agreement of the opinions held by members of these groups with those of the nursing authorities in regard to the fundamental administrative essentials of nursing education. It was the hospital superintendent who pleaded for a representative school of nursing

committee, whereby the needs of the school of nursing might be better interpreted to the hospital and the community. Members of the medical profession spoke with full conviction of the growing demand for a preparation which will fit nurses for efficient community service and advocated that nursing education be conducted upon a professional level.

Not only were the aims of education and the selection of curriculum content discussed in relation to the growing and changing needs of nursing education, but the application of modern educational theory was well exemplified in several discussions dealing with methods of teaching. Much emphasis was placed on the fact that the theory of educational method is becoming an increasingly important factor in teaching and learning, and that the improvement of any course is not wholly secured through an addition of lecture hours; but depends more upon the elimination of the irrelevant, the selection of the essentials and upon an agreement as to the best methods whereby the instruction may be made most effective. By such procedure, an economy of, rather than an addition to, time might result. This discussion was carried over into a practical application which took the form of a demonstration or symposium of clinical instruction, undertaken by members of the Yale School of Nursing.

American reputation for hospitality was well sustained. A very impressive mass meeting took place at Carnegie Hall which was enjoyed, although there was keen disappointment that Miss Adelaide Nutting was prevented by illness from being present.

A NEW HORIZON

MARTHA BATSON, Chief Instructor, the Montreal General Hospital School for Nurses.

Those of us who were privileged to attend the recent meeting of the National League of Nursing Education held in New York during the week of June 3, find it difficult to express our appreciation of what we learned. The meetings were enthusiastic and we were deeply impressed by the clear thinking of the speakers, their frankness and honesty, their recognition of our needs, and the marked unanimity of opinion on the many vital questions discussed.

An Outstanding Feature

An excellent programme was presented, dealing largely with that burning question, "What changes do we need in the nursing school curriculum?", but one of the most interesting of all the sessions took the form of a demonstration of a symposium on clinical instruction conducted by Dr. Marion Leonard, professor of clinical instruction in the Yale University School of Nursing, who was assisted by other members of the faculty of that school and by three of its students. The object of this remarkable demonstration was to show the value of the symposium as a teaching method in the instruction of student nurses. It was conducted on the platform according to the general pattern which is actually in use in the school. Those participating included the professor of clinical instruction, the instructor of nursing arts, a nutritionist, a psychiatrist and a social worker. Three student nurses, who had actually nursed the patient, who is suffering from peptic ulcer, presented papers dealing with the various aspects of his case. The patient did not appear at the demonstration, nor are patients ever present when any symposium is held; it is thus possible to discuss the case with complete freedom.

The general topic was introduced by the professor of clinical instruction, who gave a brief description of the patient, and also announced the sequence of the programme. This introduction was fol-

lowed by the first student nurse who gave an excellent paper on her study of the clinical, pathological, therapeutic, and diet-therapy aspects. Every detail was clearly explained, showing that the student had made a thorough study. The clinical instructor then enlarged upon one or two points concerning medication and the nutritionist explained the object of the special dietary régime necessary in the treatment of peptic ulcer. The second student presented a study of the social and psychiatric aspects, giving very clearly the information she had obtained from the social worker and the psychiatrist as well as reporting upon her own observation of the patient's behaviour and personality. The social worker then emphasized the importance of instructing the patient regarding diet, rest and work, and the psychiatrist gave the reasons why a certain type of shut-in personality is subject to this particular disorder.

The final paper, given by a third student, dealt with the nursing care and gave a general summary which referred to the emergency treatment, the nursing procedures used, the general hygiene, health instruction, and the importance of sending the patient home well equipped for the future. The instructor of nursing arts then emphasized a number of special points in connection with the actual nursing care. The papers were excellent and were presented in an admirably enthusiastic manner.

Planning the Symposium

This demonstration was conducted along the same lines as for an actual symposium. The method is as follows: two or three students, actually engaged in nursing the patient, are assigned two weeks in advance, to a study of the various aspects of the case. During this interval the student arranges for consultation, by appointment, with the various members of the faculty mentioned above, the consultants being selected according

to the nature of the case. The appointment method insures that no time is lost either by the student or the consultant. It was most encouraging to note the willingness of these busy consultants to meet the students who sometimes may have the privilege of having as many as three conferences before presenting their papers at the symposium.

Stimulating Interest

In the Yale School of Nursing student nurses have the privilege of attending the symposium, and an invitation is also extended to the staff nurses and to "all who are interested." Each symposium is announced two weeks in advance so that those who wish to attend may plan to do so. The announcement is conspicuously displayed on all the various bulletin boards and gives full information concerning the programme. An outline of the announcement is of sufficient interest to be reproduced here:

A symposium will be held in the seminar room on The patient will be Mr. B.; the diagnosis is The aspects of presentation and discussion will be:

(a) Clinical, pathological, therapeutic, diet-therapy; presented by Miss C. (a student nurse). Discussion will be led by the pro-

fessor of clinical instruction and by the nutritionist.

(b) Social and psychiatric aspects, presented by Miss F. (a second student nurse). Discussion will be led by a psychiatrist and a social worker.

(c) Aspects of nursing care and a general summary, presented by Miss G. (a third student nurse). Discussion will be led by the instructor of nursing arts.

The demonstration of the symposium as presented at the League convention proved to be an excellent example of vitalized teaching and learning. Here nursing and the allied subjects were closely related. Psychiatry, nutrition, materia medica, social science, hygiene were all integrated with nursing. Most impressive was the evident co-operation between the medical and nursing staff in educating the students.

A method such as this could and should be adopted in our schools of nursing. Some adaptation and modification would doubtless be necessary, but it could be done. This is the sort of clinical instruction which stimulates the student's interest by opening up new fields and linking theory with practice. They are learning by seeking information through their own effort; they are looking toward a new horizon.

A WORD OF THANKS

About this time a year ago the first curriculum study was completed and opinions expressed in the answers from three hundred studies which had been distributed to nurse administrators, teachers and supervisors in all the provinces were summarized. In December, 1934, a report based on the findings of this study was published in *The Canadian Nurse*.

Since that time a second study, dealing specifically with curriculum subjects and methods of teaching, has been completed and returns are now being assembled. This study was participated in by members of the teaching staff, the supervisors and head nurses in selected schools of nursing throughout Canada, and a review of the returns is ample evidence of the many staff meetings which must have been

held throughout the winter months. There is need for more careful selection of subject matter, particularly in the biological and social sciences, and for a closer integration of the content of our educational programme; the opinions which have been thus expressed by those engaged in teaching in our schools of nursing will be of great assistance to the curriculum committee in formulating the recommendations.

It is not possible to thank individually all members who have taken part in the curriculum studies, but on behalf of the Standing Committee on Curriculum, the convener would like, through the *Journal*, to publicly thank every member who has given so willingly of her time and effort.

Department of Public Health Nursing

THE TUBERCULOSIS PROGRAMME IN TORONTO

ELSIE HICKEY, Supervisor, Communicable Diseases Nursing, Division of Public Health Nursing, Department of Public Health, City of Toronto.

Anti-tuberculosis work is a part of the generalized health programme of the Department of Public Health of Toronto which comprises thirteen separate units or divisions each under the direction of a responsible head, applying itself to a specified task, all co-ordinated under the direct management of the Medical Officer of Health.

For administrative and field purposes certain of the forces of the department are further divided on a regional or territorial basis. There are eight of such units, which are decentralized aggregates of staff and consist of one full-time district medical officer, a superintendent of nurses, and a staff of nurses. These units occupy offices at eight strategic points within the respective districts into which the city is divided for the purpose. A ninth unit is that which constitutes the division of hospital, social and health service, actually a sub-division of the division of public health nursing, remaining by nature of its work, administratively a centralized unit, its membership being assigned to the various hospitals and sanatoria receiving the city's patients.

General Organization

In considering the tuberculosis work of the department in general, one must recognize that each of the divisions shares some responsibility. However, the major portion of the task is borne by the division of public health nursing. The supervisor of communicable diseases nursing is responsible for compiling data, and for assisting with the formulation of policies and also for the educational programme of the staff in this particular branch of the work. She also acts as consultant to the district staff and to the

hospital social and health service, and assists with problem cases. Each district nurse keeps a record of all reported tuberculous patients in her district and maintains supervision over them, unless advised by the private physician that this is unnecessary. This supervision includes giving or helping to procure the best possible care of the patient and contacts. She must also be assured that the patient is not endangering others. When necessary, she enlists the special help of her district superintendent and of the district medical officer, under whose direction, in fact, she operates at all times. When private physicians request nurses not to visit, he is consulted twice a year as to whether the patient is still under his care and living at the address last known. In this way files and records are kept in a more accurate state.

Chest Clinics

The various hospitals and Gage Institute have chest clinics for the diagnosis and treatment of tuberculosis. To each of the hospital clinics is attached one or more hospital social and health service nurses of the Department of Public Health. These nurses receive from the district nurses the social and home reports of each new patient and are also responsible for initiating supervision, to the end that the physician's orders for treatment and care may be carried out. Gage Institute provides its own clinic personnel. Follow-up is provided by this department.

By authority of the City Council and controlled by regulations of the Local Board of Health governing civic allowances, a grant of thirty-two cents is made to the hospital for each out-patient attendance. Indigent patients, and patients

under the care of a private physician who are unable to pay consultation fees are eligible for admission to a chest clinic. The latter are referred back by the clinic physician to their own physicians with a full report of findings and recommendations.

Sanatoria

Toronto's patients are cared for in the Toronto Hospital for Consumptives, Muskoka Hospital for Consumptives, Queen Alexandra Sanatorium, London; Mountain Sanatorium, Hamilton; and a few patients are received at Freeport Sanatorium, Kitchener. Special report forms are used to co-ordinate the work of the chest clinic and sanatorium. A report of chest clinic findings is sent with each application for admission, and again on discharge a report follows from the medical superintendent of the sanatorium to the Department of Public Health, giving the address to which the patient is going, clinic at which he was previously treated, information as to amount of exercise at time of discharge, reason for discharge and recommendations for further treatment and care. A copy of this discharge report is sent to the clinic or private physician and to the district nurse, whose duty it is to see that patient returns to the chest clinic or a private physician for supervision.

A nurse of the department is assigned to work with the sanatoria to which Toronto patients are admitted. She visits these sanatoria for the purpose of keeping in touch with Toronto's patients and to assist, if possible, with the adjustment of any difficulties arising in their homes which may affect the patient or with respect to their institutional care. When a patient in sanatorium requests leave, a notification comes from the medical superintendent of the sanatorium requesting information as to the home conditions, and enquiring if this leave should be granted. The district nurse visits the home and helps when possible to make

any necessary adjustment, and then reports her findings which in turn are forwarded with a recommendation to the medical superintendent.

Re-establishment

This is one of the major problems in the tuberculosis programme for which there is at present no adequate solution. A very small beginning has been made in Toronto. Samaritan House is a home which at present accommodates ten ex-sanatorium male patients. This home is jointly supported by a per diem grant from the city and from the Federation for Community Service, and funds provided by the Samaritan Club. Occasionally a patient contributes towards his maintenance. The objective of the project is to assist in the re-establishment of these men and their return to the community.

Patients who it is thought can be fully or partly re-established are admitted via a recommendation from the Department of Public Health. The function of the Samaritan Club is to endeavour to determine and provide a proper occupational or vocational training. While the number of cases handled has been small, the results obtained have been most gratifying and have already served to illustrate the possibilities of and justification for such a programme.

Contacts

Great emphasis is put on contact supervision. When a case is diagnosed every effort is made to locate a possible source of infection, as well as such subsequent contacts as have been sufficiently exposed in home, school or industry to warrant medical examination and supervision. The age group most difficult to supervise, of course, is the young adult, who so often fails to appreciate as he should the need for examination. Recently for teaching purposes a graph was made for the use of nurses in the field, showing the age, sex, distribution of the incidence of tuberculosis, and this graph has been quite useful in emphasizing the need of

medical care, especially as it is related to certain age periods. When a case of tuberculosis develops in school, the parents of all the children who have been exposed are informed as to the need of medical examination. A school record is also kept of all children who have been at any time exposed to a known case, with an aim to special supervision by school doctor and nurse. When an open case of tuberculosis is reported at a place of employment, or at which the case was recently employed, the district medical officer visits and consults the head of the firm or office regarding a possible source of infection and the probable contacts. A decision is made regarding the persons who it is thought should be examined, and the necessary instruction is given in this respect.

Preventive Services

Despite the time-honoured responsibilities which must be assumed by official departments of health, Toronto's department acknowledges its supreme function as that of health teaching, the dissemination of knowledge which promotes the art of healthful living, keeping people well and restoring the ailing to a fuller measure of health; impressing upon the populace the wisdom of embracing all measures at its disposal for the prevention of disease. In the control and prevention of no other disease is health teaching more fruitful than in the case of tuberculosis.

In Toronto, the system of periodic inspection of children at school serves a wider purpose than merely the detection of communicable conditions; an intelligent contact with the children may clear up many a difficulty and the health talk which invariably follows a class inspection has definite value. The complete physical examination which occurs at least twice in a child's school life and the special examination made whenever the need is apparent, afford opportunities to appraise the child's health, to detect abnormalities and defects which, if correct-

ed, will stop an insidious disease growth or at any rate enlarge the health and vigour of the child. Regular, intelligent and sympathetic contact with the young soon impresses upon them the value of periodic health examinations, a goal toward which the thoughtful members of the profession of medicine are striving.

For the Toronto child who is malnourished, anaemic, languid, restless and nervous, who may be convalescing from prolonged illness or whose home environment may be contributing to these defects, and where other conditions exist which may invite tuberculosis, the Board of Education has provided open-air classes. These classes are to be found in a Forest School, with a total enrolment of 250, operating from the beginning of May to the end of October, and in three open-air schools, capable of enrolling 300 or more children, and carrying on during a standard school year. While the physical condition of the child in these classes is the major consideration, it has been demonstrated that such consideration can be skilfully blended with the child's academic interests. The Department of Public Health has assumed the responsibility for the selection of these children in these classes.

The city's preventorium, inaugurated and maintained largely by the Imperial Order of the Daughters of the Empire, affords admission to the child who has had a known contact with tuberculosis or who has manifested tuberculosis predisposition but who is not clinically a case; accommodation is thus open to the child whose condition may make him a ready prey to tuberculosis. Toronto at present is maintaining 113 children in its preventorium, which is accommodating, in all, 128 children.

Numerous fresh air or summer camps, sponsored by the social and service agencies and clubs, are thrown open during the summer to selected children. The cost is met by private funds supplemented by

public moneys in the nature of grants or per diem allowances. Ranking high among the preventive measures employed against tuberculosis is the city's milk pasteurizing programme, effective since 1914, under the terms of which the total milk supply is adequately pasteurized under official supervision. As a result, bovine tuberculosis presents no problem in Toronto.

Education

In the spring of 1934, a series of lectures on various phases of tuberculosis work was given to the medical and nursing staffs of the department by Drs. J. H. Elliott, W. E. Ogden, Harold Parsons and H. I. Kinsey. These were most in-

structive and helpful. Arrangements have been completed for one week's observation work with the Nursing Division of the department for nurses who are taking post-graduate or affiliate work at the Toronto Hospital for Consumptives.

Some Results

Tuberculosis, which in 1931 was claiming 130 people of every 100,000 population, has steadily declined through the years which have intervened. The rate for 1933 was 43.0; for 1934, 40.0. The present rates are one-third of those which prevailed two decades ago. The rate of 59 for 1929 compared with 40 for 1934 shows a drop of nearly 33 per cent in six years.

CARRYING ON AT MCGILL

Thanks to the fine work of the finance committee of the Alumnae Association of the School for Graduate Nurses at McGill University the school is secured for another year. Miss E. Frances Upton, chairman of this committee, has spared no effort during this critical period, and her courage and determination under discouraging circumstances are deserving of the highest commendation. During the last three years a total sum of approximately \$12,000.00 has been contributed to the support of the school by provincial nurses associations, by the alumnae associations of schools of nursing, by student nurse groups and by the alumnae of the school itself. Particularly during the last year, graduates of the school have put forth the greatest effort to save the school and are straining every nerve because of their appreciation of what the school has done for them and of what it means to nursing education and nursing service. Students from all over Canada register yearly in the school and, in this connection, it is most gratifying to know that this year the Flora Madeline Shaw Scholarship given by the alumnae of the school has been awarded to Miss Marion E. Bie, a graduate of the

Saskatoon City Hospital School of Nursing, Saskatoon, Saskatchewan.

The school has served the profession and the public throughout Canada for more than fifteen years and has graduated 332 nurses, most of whom are filling responsible positions in various provinces. Twenty-six nurses graduated this year in the course in teaching in schools of nursing, supervision in schools of nursing and public health nursing, and already practically all have found suitable fields of service.

Appeals have been made to Foundations interested in the advancement of professional education, but as yet no definite promise of assistance has been made. However, there is justification for optimism. Following administrative changes within the University, the advisory committee of the school has been enlarged to include a wider representation of interests both within the University itself and in the community at large. The community is becoming conscious of the need for efficient leadership and for good nursing service, and if this new committee can bring about a realization of its obligation to nursing education, the future of the school will be secure.

Department of Private Duty Nursing

WHERE DO WE STAND?

MAY JONES, Private Duty Nurse, London, Ontario.

If I began by asking the question, "Is nursing a profession?", I can well imagine many of you would be annoyed (to put it mildly) that I should be so audacious as to hint that it is not. Yet from our knowledge of nursing history, and in the light of modern definitions of a profession we are forced to admit that nursing is an old occupation but a new profession. Professional education in general seems to have passed through three successive cycles: apprenticeship, expansion and, finally, regulation and standardization. Although we agree that nursing is still in the cycle of apprenticeship it is apparent that the cycles overlap, for the expansion of modern nursing has been phenomenal.

Expansion and Control

Seventy-five years ago Florence Nightingale organized the first modern school for nurses with fifteen probationers, and today in England there are 30,000 nurses registered with the College of Nursing alone, not to mention those registered elsewhere. Seventy-one years ago the first school for nurses in Canada was organized by Dr. Mack at St. Catharines, Ontario, with a class of four probationers brought out from England and now we have 1,500 nurses graduated and licensed in Ontario each year.

As the value of this training was recognized, expansion came because of the demand of the public for this service and, in order to meet this demand, training schools developed in large numbers and in many places where the necessary resources were not found. Very soon it was realized that these students gave valuable service to the hospital and were a means

of providing cheap labour, and so the exploitation of the student nurse increased and the educational functions of the school were neglected. There are hospitals, large and small, right here in our fair province which have not progressed very far from this idea, even to-day. This has been costly to the nursing profession and the time has come when there must be concentration upon quality rather than quantity in every school of nursing.

This cycle of expansion has been controlled to a considerable extent in other professions by three measures: first, by raising the educational standards; second, by making known the condition of overcrowding in the profession; third, by limiting the educational centres. We are encouraged by the definite effort of our Provincial Association to take the first step, namely, the raising of educational standards for entrance to schools of nursing as a means of controlling over-supply.

As private duty nurses let us not pin our hopes on this alone as a means of reducing unemployment. We have the right to question whether higher educational standards will solve our problem. Does higher education provide everything that a trained nurse needs or is there that intangible something that some less highly educated young women have and that some high school and university graduates lack? Does the private duty nurse require another type of education, one that makes her better fitted to go into a home and fit herself into the family, not as a stranger but as an understanding friend, capable of giving professional care to the patient and yet not causing extra strain and added work in the household? Would additional training in dietetics, household management and household

This is the first of a series of articles based on an address delivered before the private duty section of the Registered Nurses of Ontario, April 26, 1935.

economics fit the private duty nurse for her particular field of activity? If we stress higher educational standards to the extreme are we making room for the practical nurse in the average home in time of sickness?

What are we doing about making known the condition of overcrowding in the profession? Are we making it known to students in high schools and universities who are contemplating entering schools of nursing that this profession is overcrowded, particularly that division to which the majority of nurses turn their activities? I fear we rather hush the matter up and have done little if anything to assist in controlling the cycle of expansion from this standpoint. Would not this be an ideal place for our private duty group to start in on a definite programme?

Limitation of Schools

In regard to limiting the number of schools of nursing as a means of controlling expansion, some progress has been made. We know that over thirty of the smallest training schools in our province have been discontinued and that more will be discontinued in the next year or two, but is that sufficient to limit the yearly output of nurses? Surely a department of the Provincial Government which has authority to close small schools has the power to restrict the number of student nurses enrolled in the larger schools. This cannot be accomplished through local hospital boards for, generally speaking, they are not well informed in these matters, nor do they particularly care about the welfare of the nurse once she has graduated. Direct control of the number of nurses graduated from schools of nursing in our province should be under the Department of Hospitals of the Provincial Government and only the schools that measure up to definite and high standards should be recognized as educational centres. In supporting this statement I quote from *The Toronto Globe*:

The advocacy of the small training school for nurses, because it is near the home of the student nurse, is a popular argument with the laity. Years ago this same reason was advanced in the teaching profession, to support the apprentice system of teaching. There are plenty of schools near home, where pupil-teachers might learn to teach today. But the public has come to see that normal training can be most effectively given in larger centres under thoroughly trained educationists. The analogy holds good for the nursing profession. The larger hospitals afford facilities for nursing experience and for giving specialized teaching which the small hospitals cannot give. Most of those responsible for nurse training in small hospitals make a sincere effort to educate the nurses. But sincerity does not furnish library facilities, clinical material and teaching staff, which are necessary for effective nursing education.

In hospitals where little is spent by the hospital for the education of the nurse, she provides cheap labor. Naturally enough the greater the attention given to her nursing education, the less cheap she becomes. So that, in hospitals where a real attempt is made to educate the nurse, she becomes a liability instead of an asset to her training school. It is actually cheaper to employ graduate nurses to give nursing service than it is to train student nurses. Ultimately, the public will realize that a small training school is doing one of two things: either it is exploiting the unfortunate student nurse, or it is being run at a financial loss because of its training school. When this is realized there will be a general demand for graduate nursing service in small hospitals, because it is cheaper, and the sick will be assured of the best possible nursing care.

It is for those in positions of influence, who have ready access to information, to envisage an improved nursing situation and to help the public to grasp the true facts.

Regulation and Standardization

The third cycle professional education has passed through is the cycle of regulation and standardization. We know our public and high school teachers are required to be trained in well-organized and definitely controlled centres of learning and that our medical schools are directly linked up with the universities. But what about our nursing profession? Are all our schools conducted by trained instructors? Can hospitals of less than

75 beds, with a daily average below 50 patients, provide adequate material for training a nurse? Should the small training school be closed and the large school be permitted to continue, and in some instances increase, their classes of probationers and so keep up the annual output and make it more difficult each year for the registered nurses to obtain even a minimum amount of employment? The answer to these questions is no, emphatically no.

If we are truthful we must admit there are only a relatively small number of schools for nurses that can be classed as educational institutions. What are we going to do about it? At a recent meeting of the Ontario Hospital Association Mr. E. Norman Smith referred to the functions of the school of nursing as follows: "I think it is our duty as trustees to see that the educational features of the training are not subordinated to the usefulness of the pupils in the hospitals. The entrance standards have been raised and the curriculum has been made much more difficult. We should, in keeping, reduce the physical part of a pupil's work and give her ample time for study and recreation." We wish Ontario had five hundred hospital trustees with a vision and an ideal like Mr. Smith's.

How long do you think Canadian nurses are going to be satisfied without a definite standard of what constitutes a school of nursing? Because you have received your diploma and have severed your direct connection with your training school do you feel this is not your task? The students of to-day cannot insist on a standard and if they assume the attitude you have taken as soon as they graduate what about the students of to-morrow?

Certainly this is our duty and just as much that of the private duty group as the public health group or the administration group.

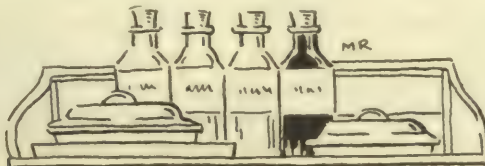
Critical Analysis

The fourth cycle through which professional education seems to be passing is the cycle of critical analysis and here the nursing profession has gone a step ahead of some of the other professions. Our critical analysis was the "Survey of Nursing Education in Canada", completed by Dr. Weir, in 1931, and many of us have not yet wakened up to the importance and value of this tremendous piece of work. Our responsibility and position in the community as private duty nurses was made much clearer to many of us after a study of this survey. Permit me to refer to Dr. M. T. MacEachern, who makes the following interesting observation:

There is a definite shortage of nurses adequately prepared to give high-grade service to contagious, mental, pediatric and obstetric cases. A nurse should be able to give proper bedside care, have such a knowledge of household arts as will enable her to deal effectively with domestic situations arising out of illness and should be able to take part in the promotion of health and the prevention of disease, and to co-operate with the family, hospital personnel and health and social agencies in the interest of patient and community. Nurses occupy so vital a place in community life that it is gratifying to find a search made for new and more important branches of service, rather than an acceptance of existing conditions in a sadly overcrowded occupation. An intelligent public will welcome any steps that can be taken to increase the usefulness of the large number of women ready to devote their lives to the improvement of individual and community health.

Does not that sound like a challenge to our private duty group?

(To be continued)



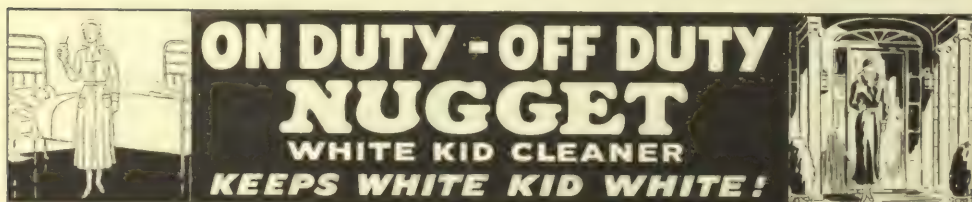
Book Reviews

MICROBIOLOGY AND ELEMENTARY PATHOLOGY (for the use of nurses). By Charles G. Sinclair, B.S., M.D., formerly instructor in microbiology and pathology, Army School of Nursing, Washington, D.C. Second revised edition. 371 pages. 102 illustrations, some in colour. Published by the F. A. Davis Company, 1914 Cherry St., Philadelphia, U.S.A. Price, \$2.50.

The content of this book is divided into three sections: microbiology, laboratory exercises in microbiology; elementary pathology. The difficult goal of giving instruction which, while necessarily superficial, is nevertheless useful and authoritative, has been reasonably well attained. The descriptions of the various micro-organisms though brief, are clear, and the numerous illustrations are excellent. The section dealing with laboratory exercises might profitably have been expanded. The section devoted to pathology will be read with profit, especially those chapters dealing with the applied aspects which are of practical importance to nurses. The author is to be complimented on the wording of the title of this volume: "Microbiology and Elementary Pathology"; then, in a separate clause: "for the use of nurses." This is a refreshing departure from the practice of giving textbooks such titles as "Infectious diseases for nurses" and like absurdities.

THE MATHEMATICS OF DRUGS AND SOLUTIONS, a work-book designed to supplement textbooks on materia medica and drugs and solutions. By Harry S. Biddle, author of "Chemistry for Nurses," Western Reserve University, Cleveland, Ohio, and Disa W. Sitler, instructor in pharmacology, Mount Sinai Hospital, Cleveland. Published by the F. A. Davis Company, 1914 Cherry St., Philadelphia, U.S.A. Price, \$3.00 for a package of five.

There is probably no subject in the whole nursing curriculum which has involved more lamentation and tears than materia medica and its attendant grief, drugs and solutions. The reason is very simple: most student nurses have not a sound knowledge of elementary arithmetic. The authors of this conveniently arranged combination of work-book and exercises have done an admirable piece of work and instructors will find it extremely helpful not only in the preliminary course but even for the use of advanced students. As the authors justly remark: "The importance of the mathematical side of the nurse's work cannot be stressed too highly. Calculations must be made and accuracy is demanded at every stage of the proceeding. Mistakes in nursing almost invariably must be paid for in human discomfort and pain, and in extreme cases, in human life."



**ON DUTY - OFF DUTY
NUGGET
WHITE KID CLEANER
KEEPS WHITE KID WHITE!**

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The summer meeting of the Executive Committee of the Canadian Nurses Association was held in Winnipeg. Those in attendance were the president, Miss R. M. Simpson; the honorary secretary, Miss Elsie J. Wilson; and the Misses Wells, Wright, Thompson, Madden and Brownell.

Reports of Committees

Dominion Registration: The progress report of the Committee on Dominion Registration outlined the minimum educational, age and professional qualifications for candidates for Dominion Registration which have been submitted for study and criticism to the provincial representatives on this Committee.

Exchange of Nurses: The report of this committee announced the plans made for nurses from other countries who will soon visit Canada.

National Enrolment: There is an increase in the number of nurses enrolled in Ontario and Saskatchewan. The Provincial Associations are being asked by the Executive to submit reports to the autumn meeting as to particular methods employed in arousing interest in enrolment; effective measures reported will then be forwarded to all provinces.

Mary Agnes Snively Memorial: The following recommendations from the committee in reference to the Mary Agnes Snively Memorial medal were accepted by the Executive: (1) It is requested that the medal be worn at general meetings and special functions of the International Council of Nurses and of the Canadian Nurses Association, and at similar professional meetings in other countries. (2) It may be worn at general meetings and social functions of the Provincial Registered Nurses Associations.

The first presentation of medals will be made in 1936, at the next General Meeting of the Canadian Nurses Association.

Three medals will be awarded biennially to nurses whose work exemplifies Miss Snively's ideals of nursing and service.

Florence Nightingale Memorial: Early in 1935, the Canadian Nurses Association was advised by the secretary of the Florence Nightingale International Foundation that in order to be a full member of the Foundation, Canada must have a National Joint Committee of the Canadian Nurses Association and the Canadian Red Cross Society. During the biennial period 1932-34, the latter organization had expressed to the C.N.A. Executive that due to the very heavy financial commitments of depression years it was impossible for the Society to give financial assistance to the Florence Nightingale Memorial although the project had their hearty approval. In view of the ruling of the Foundation, the Canadian Red Cross Society has appointed two representatives to the Florence Nightingale Memorial Committee; these representatives are Lady Drummond and Col. Buckley of Montreal.

A number of regulations in connection with the awarding in 1936 of the Florence Nightingale Memorial Scholarship were approved. A request from a Provincial Association asked that a pamphlet be prepared giving, in condensed form, information relative to the Florence Nightingale Memorial Foundation and the Canadian Nurses Association Scholarship. The opinion is that such a pamphlet would be valuable in disseminating information and increasing interest in the Memorial and thus facilitate the appeal for the Fund. This pamphlet is to be prepared at the National Office and is to receive the approval of the convener of the Florence Nightingale Memorial Committee before being published.

Legislation: A Committee on Legislation, convened by Miss Jean Browne, has

been appointed to review the entire Constitution and By-laws of the Canadian Nurses Association for the purpose of revision as necessary.

Reports from Sections

Nursing Education: The report of the chairman stated that the analysis stage of the curriculum has been completed. The formulation of the curriculum through the use of selected materials submitted is the task now facing the committee. Miss Dorothy Percy, School of Nursing, University of Toronto, will act as convener of the Committee on Instruction during the absence of Miss Gladys Sharpe, who was awarded the Canadian Nurses Association Scholarship for 1935-36, and is now attending the courses organized under the auspices of the Nightingale Memorial Foundation.

Public Health: The chairman reported that Miss Margaret Kerr, vice-chairman of the section, had been appointed convener of a committee to prepare a Manual for Public Health Nurses. The committee consists of the convener and the chairmen of the provincial public health nursing sections.

Private Duty: The report of the chairman stated that according to replies received from the provincial sections, study groups had been formed in various centres. Progress was evident in the eight-hour day for private duty nurses.

Resolutions

1. From the Registered Nurses Association of British Columbia:

Be it resolved, that the Registered Nurses Association of British Columbia in convention assembled urge upon the Canadian Nurses Association the immediate necessity of approaching the International Council of Nurses and through them the women of the world, calling upon them to unite to prevent war by every means in their power.

The Executive Committee accepted this resolution and then adopted the following resolution which was forwarded for presentation to a meeting of the Board of Directors of the International Council of Nurses held in Geneva in July:

Resolved, that the Canadian Nurses Association stress to the International Council of Nurses, and through the latter, the women of the world, the urgent need of their united effort to sponsor and to support measures for the promotion of world peace and control of armaments.

2. From the Manitoba Association of Registered Nurses:

That in order to emphasize the functions of Schools of Nursing as such, the Board of the Manitoba Association of Registered Nurses recommends that this title be substituted for that of Training School and the words "nursing education" for "training" — and that the Canadian Nurses Association be asked to endorse this resolution and to forward it to the Provincial Associations.

This resolution was endorsed and forwarded to the Provincial Associations.

3. From the Saskatchewan Registered Nurses Association:

That the Saskatchewan Registered Nurses Association go on record as having approved the following recommendations submitted at its 1935 annual meeting in connection with an address by Dr. E. E. Shepley on "The Relation of the Graduate Nurse to the Problem of Malignancy":

1. That all local registered nurses associations in the Province of Saskatchewan sponsor a course of study dealing with the question of malignancy in relation to the work of the graduate nurse.

2. That all nursing schools in the Province of Saskatchewan place special emphasis on the preventive aspect of cancer.

3. That the Saskatchewan Registered Nurses Association notify the Canadian Nurses Association of its action in this matter and urge that similar action be initiated by other provinces.

These recommendations were accepted and sent to the Provincial Associations.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

MANITOBA

WINNIPEG GENERAL HOSPITAL: Among the graduates of the school who were recipients of medals in honour of the Silver Jubilee were: Misses A. Attrill, P. Brownell, R. Dickie, E. Gilroy, R. Hamilton, G. Hall, J. Houston, J. Kerr, M. C. McGilivray, J. A. McDonald, K. McLearn, E. Parker, E. Russell, I. Johnson, G. Johnson and J. Robertson. At a recent meeting of the Alumnae Association deep regret was expressed concerning the recent resignation of Miss K. W. Ellis, former superintendent of nurses. Sincere appreciation was evidenced of the co-operation and interest shown by her in our Association, and of all she did, not only for the Alumnae Association, but in all the activities carried on by the various branches of the Association; our very best wishes will go with Miss Ellis in all her future endeavours.

NEW BRUNSWICK

SAINT JOHN: Miss Catherine Mullen has accepted a position on the hospital staff of the Chili Exploration Company at Chuquicamata and expects to be away for three years. Miss Joan Ross has returned from New York, where she took a postgraduate course at the Manhattan Hospital for eye, ear, nose and throat. A surprise "shower" was tendered recently by her classmates to Marjorie Titus in honour of her approaching marriage.

MARRIED: On June 20, 1935, Miss Jean I. Aiken (Saint John General Hospital, 1929) to Dr. A. L. Donovan.

MARRIED: On June 5, 1935, Miss Dorothy I. Crockett (Saint John General Hospital, 1930) to Mr. Andrew M. Blair.

WOODSTOCK: A meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was recently held when the election of officers for the coming year resulted as follows: President, Mrs. Frank Hanson; vice-president, Miss Lucy Ward; secretary-treasurer, Miss Pauline Palmer; members of executive: Mrs. Fulton, Mrs. Wendall Slipp, Mrs. Bruce Sutton, Miss Jennie Belyea; visiting committee, Mrs. Allan Wart; programme committee, Mrs. Wendall Slipp, Mrs. Lawrence Jones, Mrs. Harold Hanson; press representative, Miss Marjorie Samphier. The annual report and financial statement were presented and the meeting adjourned for the summer months.

NOVA SCOTIA

GLACE BAY: Among the nurses who were awarded Jubilee medals were Miss M. MacMillan, superintendent, General Hospital,

Glace Bay, and Miss E. Seaman, superintendent, Victorian Order of Nurses, Glace Bay.

GLACE BAY: Ten nurses received their diplomas from St. Joseph's School of Nursing at the commencement exercises, which took place recently. The speakers were the Rev. Miles Tompkins, who gave the address to the graduates, and Judge McArthur, who addressed the public. Pleasing musical numbers were given.

HALIFAX: On June 24 a meeting was held by the Halifax Branch of the R.N.A.N.S., at the Dalhousie Public Health Clinic, for the purpose of discussing the problems of the private duty nurse. The meeting was well attended, and the interest displayed was keen. Miss V. I. Winslow, president of the branch, presided.

MARRIED: On June 27, Miss Mary Beatrice Ross (V.G.H., 1933) to Dr. Charles Elmer Stuart.

MARRIED: Recently, Miss Nellie Hook (V. G.H.) to Dr. Angus MacDonald.

DARTMOUTH: The graduation exercises of the Nova Scotia Hospital, Dartmouth, were held recently; there were eleven graduates, of whom four were male nurses. An enjoyable dance was held when the guests numbered about four hundred.

NEW GLASGOW: Dr. F. R. Davis, Provincial Minister of Health, and Dr. H. B. Whitman, president of the medical staff, were the speakers at the recent graduation exercises of the School of Nursing of the Aberdeen Hospital. Miss Christine Haggart received the Sinclair gold medal for the highest aggregate, and delivered the valedictory address; Miss Mildred MacDonald came second, and received a prize from Miss Boa, the hospital superintendent.

ANTIGONISH: Miss Jean Simpson, of Antigonish, has been appointed to the permanent staff of the Halifax Children's Hospital, as X-ray technician.

YARMOUTH: Mrs. Nellie Lees, of Annapolis Royal, has been appointed superintendent of Yarmouth Hospital.

MARRIED: On June 17, 1935, Miss Marcia Monk, formerly superintendent of Yarmouth Hospital, to Mr. Eric Hollingum.

ONTARIO

DISTRICT 1

ST. THOMAS: The quarterly meeting of the Registered Nurses Association of Ontario was held recently in St. Thomas. Miss Mildred Walker presided, and it was decided to hold a refresher course in the fall at the Public

Institute of Health in London, this to conclude in the fall meeting. A publicity committee is being formed by the province and those selected from this district to serve on it are Miss Margaret McLaughlin of London, Miss Blewett of St. Thomas, and Miss Grace Cooper of Windsor. Dr. J. W. Snell spoke on undulant fever, and Miss Hazel Mann, of Manila, where she is superintendent of nurses, gave an interesting talk on medicine and nursing in the Philippines, and pictures were shown illustrating the various phases of the work. The Memorial Hospital Alumnae Association entertained the members at tea and Miss Jewell and Miss Armstrong were in charge of the arrangements.

LONDON: The nursing staff of the Ontario Hospital recently presented Miss Mary Hewson with a silver tea service; she is leaving the staff to be married. Mrs. Gertrude Gibson has been appointed as supervisor of the Junior Nurses Residence of the Ontario Hospital; she is a graduate of the Victoria Hospital, London. Mrs. Elizabeth Kitchen was presented with a travelling case by the nursing staff upon her retirement; she was formerly supervisor of the Junior Nurses Residence and has been attached to the staff of the Ontario Hospital for thirty-five years.

DISTRICT 5

TORONTO: The Women's College Hospital. The graduating class of 1935 were entertained recently at a dinner given in their honour by the Alumnae Association. Among those present were Miss Meiklejohn, Mrs. Bowman, Miss Ament, who is home on furlough from India, and Mrs. Mellish from Africa. Miss Holden (1931) from India, is taking the administration course at Bedford College, London; Miss Hart (1934) has completed her course at the University of Toronto School of Nursing and is with the V.O.N. at Kitchener. Miss Koch (1934) has completed her post-graduate course at the Hospital for Sick Children. Miss Mullen (1926) of Cold Lake, and Miss Finnemore (1928) of Atikokan were awarded the King's Jubilee medal. Miss Eleanor Clark (1924) is taking the place for one year of Miss Gladys Sharpe at the Toronto Western Hospital School of Nursing as science instructor.

DISTRICT 6

BELLEVILLE: Among the members of the Alumnae Association of the Belleville General Hospital, receiving the King's Jubilee Medals were: Miss Florence McIndoo, superintendent of the General Hospital and honorary president of the Alumnae Association; Miss Bessie Sontan, Victorian Order of Nurses, Belleville. Miss Florence Fitzgerald of the School for the deaf, was also awarded

this distinction. The Belleville General Hospital entertained recently at a dinner in honour of the 1935 graduating class. Receiving with the president, Miss Edith Wright, were Miss Florence McAdoo, and Miss Florence Fitzgerald who introduced the speaker, Miss Elizabeth Earsham.

PETERBOROUGH: Nurses receiving the King's Jubilee Medals were: Mrs. E. M. Leeson, superintendent of the Nicholls Hospital; Miss Helen M. Anderson, public health nurse; Mother St. Joseph, Mother Superior of St. Joseph's Hospital.

DISTRICT 7

BROCKVILLE: A very fine Bausch and Lomb Balopticon lantern, the gift of the Alumnae Association of the School of Nursing of the Brockville General Hospital, has been added to the equipment in the class rooms of the Comstock Memorial Nurses residence. Not only will this much appreciated gift be an invaluable aid in the teaching of the various subjects in the curriculum, but it will also be used to illustrate travel talks and to help develop the cultural side of the school of nursing activities.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: The dinner given for this year's graduating class of the Ottawa Civic Hospital was a delightful event, combining as it did the celebrating of the tenth anniversary of the first graduating exercises, and the honouring of Miss Emily Maxwell, in her recent decoration. The guests were received by Miss Gertrude Bennett, lady superintendent, and Miss Dorothy Moxley, president of the Alumnae Association. The toast to the King was proposed by Miss Ethel Webb and that to the guests by Miss Gertrude Bennett, and responded to by Miss Louise Mawhinney, president of the graduating class. A resume of the 1925 class was read by Miss Pearl Farmer, and the prophecy of the class of 1935 by Miss Winnifred Gemmell. Among the guests were Miss Mabel Stewart, lady superintendent of the Royal Ottawa Sanatorium; Miss Jean Blyth, president of the Lady Stanley Alumnae Association; Miss Mina MacLaren, president of St. Luke's Alumnae Association; Miss Gertrude Garvin, lady superintendent of the Strathcona Hospital.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The three Schools of Nursing in Prince Edward Island held their graduating exercises in the month of May; sixteen nurses in all were graduated. The Alumnae Associations held their annual dances in honour of the graduates. Jubilee medals have been awarded to nine nurses in Prince Edward Island: Rev. Sister Camillus, Rev.

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Sister Stanislaus, Miss Anna Mair, Miss Florence Lavers, Miss Mona Wilson, Miss Ina Gillan, Miss Florence Platts, Miss Leonora Clark and Miss Edna Daley.

MARRIED: In May, 1935, Miss Millicent Mutch (P.E.I. Hospital, 1928) to Mr. Richard Anderson.

QUEBEC

MONTREAL GENERAL HOSPITAL: On June 19, the graduation exercises took place when forty-two nurses received their medals and diplomas. Dr. G. E. Hodge gave the address to the class. The following evening a dance was given for the class by the Board of Management. On June 18th, the members of the graduating class of 1935 were entertained at dinner by the Alumnae Association. Miss Ethel Johns, editor of *The Canadian Nurse*, was the guest speaker. Everyone thoroughly enjoyed themselves and all voted it to be one of the most successful dinners given for the graduating class. A scholarship of three hundred dollars for a year's work in the School for Graduate Nurses, McGill University, and given by the Alumnae Association, has been awarded to Miss Carol Michaels, a member of the class of 1932. Miss Mary Hamilton (1932) has recently joined the staff at the Central

Division and is working in the children's ward, replacing Miss Janet Dougall, who is now Miss Margaret Lawrence's assistant at the Montreal Foundling and Baby Hospital. Miss Helena C. McCuaig (1923) has been appointed to the position of night supervisor at the Montreal Foundling and Baby Hospital. Members of the class of 1918 will be interested to hear that Miss E. Lilian Robins is in charge of the Evelyn Nursing Home, Cambridge, Eng.

MARRIED: On June 20, 1935, Miss Conradine P. Fitz-Gerald (M.G.H., 1933) to Dr. Morley A. McKelvey.

MARRIED: On June 8, 1935, Miss Velma Gertrude Graham (M.G.H., 1931) to Dr. Felix Miles Wallingford.

MARRIED: On July 6, 1935, Miss Madeleine Moses (M.G.H., 1930) to Mr. Herbert H. Warren.

MARRIED: On June 27, 1935, Miss Mary Isabel Peters (M.G.H., 1919) to Mr. Frederick R. Fraser.

MARRIED: Recently, Miss Grace Pounden (M.G.H., 1931) to Mr. H. K. Johnson.

MARRIED: On June 26, 1935, Miss Carol Graham Ross (M.G.H., 1935) to Dr. G. Paterson Smyth.

MARRIED: On June 15, 1935, Miss Dorothy

Shepherd (M.G.H., 1928) to Mr. Stanley Saxton.

SASKATCHEWAN

REGINA: Regina nurses who received the Silver Jubilee medal include the following: Misses A. Lawrie, R. M. Simpson, C. I. Stewart, J. Mackenzie, E. Thomas, M. MacRae, L. Lynch, N. Armstrong. At a meeting of the Regina Branch of the Saskatchewan Registered Nurses Association held recently, the following officers were elected for 1935-36: President, Miss M. MacRae; first vice-president, Miss H. Wills; second vice-president, Miss N. Eddy; treasurer, Miss F. Linton; secretary, Mrs. J. Lynch; registry committee, Miss I. Prior; membership committee, Miss Barbour; visiting committee, Misses Westhauer and Garies. Mrs. E. M. Feeny, who has been engaged in public health work in Saskatchewan for the past twenty years, retired on superannuation recently. She has sailed for Europe on an extended holiday. Miss Alberta Creasor, who has been in charge of Victorian Order work in Regina for the past four years, has been transferred to Victoria, B.C. Before taking over her new duties she is attending a Mothercraft Course in New York.

SASKATOON: Mrs. J. W. Pooke (M. Ruthven, S.C.H., 1930) of Edmonton, Alta., has been holidaying in Saskatoon.

PRINCE ALBERT: The following nurses were awarded the Jubilee medal: Miss Mary Montgomery, superintendent of nurses, Prince Albert Sanitorium; Mrs. Jean S. Harry (née Cowie), superintendent of nurses, Victoria Hospital, Prince Albert; Rev. Sister Benedicta, Sister Superior, Holy Family Hospital, Prince Albert; Miss Ruth Morrison, public health nurse, Prince Albert.

SASKATOON CITY HOSPITAL: Miss Marion Bie (S.C.H., 1933) has been awarded the Flora Madeline Shaw Memorial Scholarship. Miss G. E. Smith (S.C.H., 1932) and Miss L. Harris (S.C.H., 1931) have accepted positions on the nursing staff of the Mental Hospital in North Battleford. Miss Edna Andrews (S.C., 1931) is taking a postgraduate course at the Royal Victoria Hospital, Montreal.

MARRIED: On June 29, 1935, Miss Ada Olive Dowler (S.C.H., 1932) to Mr. Frederick Bruce St. Leger Gordon.

MARRIED: On June 28, 1935, Miss Edith Lenore Franke (S.C.H., 1929) to Mr. Leonard Murray Stevenson.

MARRIED: On May 21, 1935, Miss Frances Ham (S.C.H., 1934) to the Rev. George Goodreid.

MARRIED: On June 30, 1935, Miss Beatrice Gregory Sanderson (S.C.H., 1934) to Mr. Clifford Ernest Morley.

OBITUARY

D'ENTREMONT — Miss Marie Geraldine d'Entremont, a graduate of the 1934 class of the School of Nursing of l'Hôtel Dieu de l'Assomption, Moncton, N.B., died suddenly in June, at the early age of twenty-two years.

IRONSIDE—The death occurred recently of Ethel Margaret Ironside, a graduate of the School of Nursing of the Winnipeg General Hospital and since 1919 a member of the social service staff of the Winnipeg General Hospital. Her professional associates and her other friends feel that in her passing there has been lost one whose whole life exemplified the real spirit of public health nursing. Taken in the meridian of her life

and work her example will be an inspiration towards patient and kindly service to those in need. Her sweetness of spirit will long be remembered.

ROSS—On June 1, 1935, at Ninette Sanitorium, Miss Margaret Francis Ross, of Morris, Manitoba. Miss Ross was a graduate of the School of Nursing of the Winnipeg General Hospital and was a member of the class of 1930.

WEST—On June 5, 1935, at the Winnipeg General Hospital, Miss Margaret West, of Benito, Manitoba. Miss West was a graduate of the School of Nursing of the Winnipeg General Hospital and was a member of the class of 1931.

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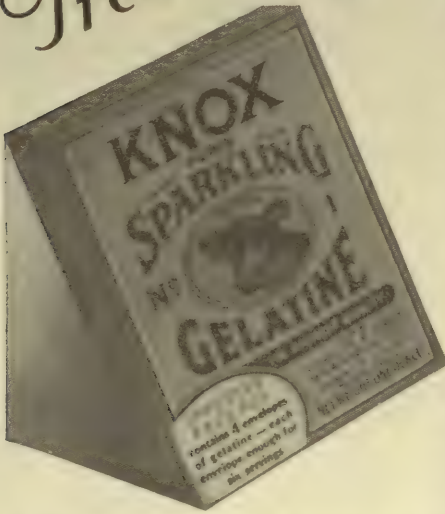
We got quite a thrill . . . out of the National Conference on Social Work . . . and our more serious reflections . . . will be found . . . as they say in the British House of Commons . . . "in another place" . . . Here we would like to set down . . . a few random jottings . . . off the official record . . . On the whole . . . we thought Canada . . . including Montreal . . . did the thing in style . . . The Grenadiers' Band . . . clad in magnificent scarlet uniforms . . . discoursed stirring military airs . . . The approach of the Lieutenant-Governor . . . of the Province of Québec . . . was heralded by a guard of honour . . . composed of a detachment of the Royal Canadian Northwest Mounted Police . . . complete with rifles . . . and commanded by an officer armed with a flashing sword . . . We swelled with pride . . . After all, it does take the British . . . (not to mention the French) . . . to rise to occasions such as these . . . with the right touch of aristocratic nonchalance . . . His Honour the Mayor of the City of Montreal . . . got a tremendous hand . . . when he rose to welcome the visitors . . . There was quite a buzz of . . . "Who is he?" from our American neighbours . . . who always recognize a live wire . . . the minute they set eyes on one . . . Our feminist ego was both soothed and stimulated . . . by Madam Secretary for Labour . . . Here is a woman . . . (a social worker, too) who by sheer courage and ability . . . has fitted herself to take an important share . . . in governing one of the great nations of the world . . . yet she is quite simple and unassuming . . . and takes it gracefully in her stride . . . One refreshing feature . . . of the whole Conference . . . was that none of the men speakers . . . made condescending references . . . to the extraordinary fact . . . that certain persons doing important work are women . . . It seemed to be taken quite for granted . . . as indeed it should be . . . It was amusing to watch the relatively few men . . . almost swamped in a sea of femininity . . . assuming a protective mask . . . of dignified reserve and masculine superiority . . . the earnest smoking of bull-dog pipes seemed to help considerably . . . We shall now proceed . . . to make ourselves thoroughly disagreeable . . . by complaining of the presence . . . of a few crumpled rose-leaves . . . First there ought to be a law about micro-phones . . . either they ought to work . . . or else the person responsible for installing them . . . ought to be loaded with chains . . . put under a "dead" spot . . . and made to prepare a sprightly account of the proceedings . . . of which he has not been able to hear a single word . . . If he prefers to be quietly shot at dawn . . . we shall offer no objection . . . Then there ought to be another law . . . about crowding two or more important addresses . . . into a single programme . . . There is a limit to the length of time . . . one can sit without fidgeting . . . on the sort of seats . . . found in arenas and skating rinks . . . The persons who usually frequent these places of amusement . . . can relieve themselves occasionally . . . by jumping up and down . . . and demanding the blood of the referee . . . a type of emotional release . . . so anti-social as to be forbidden . . . to polite audiences . . . Nevertheless, something should be done . . . to avoid the discourteous rush to the nearest exit . . . which drowned out . . . the opening paragraphs . . . of some very fine addresses . . .

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1. Tripoli, McCord & Beard, J.A.M.A., Nov. 23, 1934

2. W. M. Boothby, Arch. Int. Med. 53, 39-45

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District 2 and 3, Registered Nurses Association of Ontario

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District 4, Registered Nurses Association of Ontario

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

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Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

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President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

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Nurse, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

ALBERTA

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

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A.A., Royal Jubilee Hospital, Victoria

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MANITOBA

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A.A., Winnipeg General Hospital, Winnipeg

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oral Hospital; Business Manager, Miss E. Timbick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

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ONTARIO

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RADIOTHERAPY

A. D. IRVINE, B.A., M.D., Member of the Staff of the Ontario Institute of Radiotherapy and the Department of Radiology, Toronto General Hospital.

The subject that has been selected for discussion is radiotherapy, its uses, methods of administration, and effects following the use of radium and X-rays. To cover it even briefly would be to touch upon every chapter in the very large subject of radiotherapy; one can but skim the surface, dwelling briefly on the more prominent features.

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Radium is a metal of high atomic weight. That means it has a complex atomic structure — so complex that the intricate intra-atomic forces are not in permanent balance and tend to break down at a constant rate. In doing so the element releases three types of rays—the alpha, beta and gamma rays. The alpha rays have very little penetrating power and do not concern us; the beta and gamma rays, but especially the gamma, are used in giving treatments.

This process of breakdown of radium is very slow. It requires 1,690 years for half of any given quantity to change into the next member of the series in its gradual mutation into the final state, which is lead. Because this changing of radium to lead is so slow it is not necessary to take it into account in a lifetime of use. True enough, the approximately six grams of element we are using at present in our department will be a little less in another twenty-five years, but it

would take a physicist with delicate instruments to detect the loss. This may be illustrated by supposing that in twenty-five years we are using our present radium applicators; by then sixty minutes and thirty-six seconds will be required to administer the amount of treatment that is given now in one hour. This process of changing slowly to lead and giving out useful rays goes on incessantly, day and night, and regardless of whether the radium is in ice, or heated till the needles are red-hot. Nothing that we can do will influence the rate of breakdown nor the emission of rays.

X-Rays

Now let us consider X-rays, the use of which is also included under the term radiotherapy. Nearly everyone has heard how Professor Wilhelm Conrad Roentgen discovered this ray on November 8, 1895. He was passing an electric current through a glass tube wrapped in black paper, and from which air was partially exhausted. In the dark room near him was a fluorescent screen. He noted that when the tube was excited the screen glowed like the luminous dial of a watch; he very easily traced the source of the fluorescence to the tube. From this crude beginning have grown the numberless types of X-ray tubes, the largest of which have almost unbelievable capacity and penetrating power. This newly-discovered radiation which rightfully bears his name, Roentgen, is modestly called the X-ray.

A lecture in the series of advanced medicine given to the students in the graduating classes of the Schools of Nursing of the Toronto General Hospital, the Hospital for Sick Children and the Wellesley Hospital.

It is with regret that we learn that the story of the key in the book, lying on a photographic plate in Roentgen's laboratory is a fable. Nothing could have been more appropriate than that the first X-ray should have been a key, for that prophetic shadow would then have initiated the developments that have unlocked many of the doors formerly closed, both in diagnosis and in treatment.

The Difference

The first question that arises is "What is the difference between X-rays and radium rays used in treatment?" The answer is that it is one of wave-length. The X-rays are the red and the gamma rays of radium the violet, as it were, for physics has taught us that the difference between two colours is that the wave-lengths are different. If we take the analogy from sound, the X-rays are the bass and the radium rays the treble. As one uses stronger electrical equipment and raises the kilovoltage the X-rays produced approach those of radium. With X-ray apparatus operating in the neighbourhood of a million volts, X-rays of the nature of radium rays would be produced.

The next question that one asks is if it makes any difference whether one uses X-rays or radium in treating disease. In a general way, the answer is "No, it is a matter of convenience and ease of applying it." But like most generalizations, this statement is not strictly true. To draw an analogy from light again, we will say we are returning home late on a dark night; and cannot find the keyhole because of darkness. We have two flashlights, one with a red and the other with a green lens. Either could be used to illuminate the door; the colour, that is, the wave-length, does not matter for our eyes can see objects illuminated by either colour.

Now let us illustrate what is meant by saying it is a matter of convenience. To draw an analogy again, let us remind ourselves that we could use two sources of

light as we stand before the door — our flashlight or the automobile headlights. It is far more convenient to use a flashlight and concentrate on a small area about the keyhole than direct the headlights to flood the whole side of the building, including the door. Also, the flashlight, held close to the keyhole, gives a much more intense and useful illumination where it is required than the flooding light from the automobile headlamps. But this does not mean that the latter are of no use, nor that they do not have their place. In the country they flood the road and adjacent fields to a satisfactory degree where a flashlight would be hopelessly inadequate. Yet many motorists carry flashlights to use when the occasions arise.

So in attempting to answer the question "Is radium or X-ray of the more use, and which is the more important?" we have tried to show that both are equally important and one is the complement of the other. It is the type of lesion, and the location of it in the patient that decide whether one or the other, or both, should be used.

Biological Effect

In order to understand the uses of X-rays and radium, one must understand a little about the biological effect of the rays. The one important fact to appreciate is that they do not affect all living cells to the same degree. Young cells are more sensitive than older ones, that is, they are more easily killed. This is the principle on which radiotherapy is based. Consider for a moment and we shall see why this is true. A cancerous growth is one in which a group of cells have set up housekeeping for themselves, and are multiplying and running riot to the detriment of the host. In other words, the cells that are doing the damage are young, frequently-dividing cells. They are the radical members, the "Eat, drink and be merry," the "Here's to a fast life and a short one" element, among the more staid, slow-moving, older, more mature cells of

the unfortunate individual who harbours them. So when one has at his disposal a means of injuring and killing these young, immature cells to a greater degree than the surrounding, older, mature ones, that means should be of use in destroying the cancer without actually killing the normal cells. Radium and X-rays do this, so the rationale of their use becomes apparent.

But we must not think that these rays will kill malignant cells without having any effect on the normal tissue; it is only that they have a more lethal effect on the cancer ones. In order to kill all the cells of a tumour, it is usually necessary to give a sufficient dose to cause a reaction in the surrounding tissues. So we find reddening and browning of the skin, even blistering sometimes, and the accompanying systemic symptoms of anorexia, nausea and even vomiting. There is also a great difference in sensitivity to radiation among the different types of malignant cells. The dose that will eradicate one type of growth only slightly diminishes another type of tumour. But there is no need to go into this subject further; suffice it to say that, fortunately, malignant cells usually are easier to kill than the surrounding normal tissues.

Therapeutic Effects

In dealing with the lesions treated by X-rays and radium, for the purpose of simplicity, they will be divided into (1) benign conditions; (2) malignant conditions. These in turn will be subdivided into those treated for cure, for prophylaxis, and for palliation.

Prominent among the benign group are warts, both the verrucae vulgaris found on the hands of so many persons, and the plantar warts so often in error called "corns." These are treated with quite light doses of radium or X-rays. After two or three weeks, a line of serum forms and the lesion can be cut off like the top of a water blister, or drops off itself. It is not difficult to explain the

processes at work. The rays cause the death of the proliferating or growing layer — that is, the young cells — and the reaction in the surrounding tissue supplies the serum to form the little blister. Thick, horny calluses and also true corns sometimes are treated in the same way, but as there is no true proliferating layer they do not respond in such a satisfactory manner.

Some other infections are treated successfully by radiotherapy. The simple boil, the more serious carbuncle, and the disabling furunculosis that sometimes occurs in the axilla or external auditory canal all sometimes respond in a spectacular manner. This is especially true if treated in an early stage, before they "come to a head," as we commonly say. Then the boil or abscess may be aborted. Even the chronic conditions, as acne on the face or shoulders, or infections about the finger nails, the so-called paronychia, respond in a satisfactory manner to the proper dose of rays. Of all the chronic infections that plague mankind, no one was harder to treat adequately than actinomycosis. It is difficult or impossible to control it either by surgery or medicine, when once it establishes itself in the tissues. Under radiotherapy it responds in a very satisfactory manner in most cases. Now it is becoming accepted generally that the treatment of this disease is almost entirely by means of radium and X-rays.

Radiotherapy in Cancer

Let us now turn to the malignant conditions — cancer — treated by radiotherapy. First will be considered the ones we expect to cure. Because a cure usually depends on getting the case early it is easily understood that these will be patients in whom the disease has attacked visible or exposed portions of the body, as skin, lips, tongue or interior of mouth. Hence it is detected early by the patient himself, his family or his friends. Then, add to these cancer of the uterus, espe-

cially the cervix — for here the onset of non-menstrual bleeding early warns the patient that all is not well. In all these cases we can offer an excellent prognosis.

In treating these cancers, radium usually is used. The reason is that radium is the more convenient and is easier to apply. It can be used in the form of a surface application laid directly on the lesion, or as needles inserted into and about the growth. Thus we locally treat the disease, and very little surrounding normal tissue. It is a concentrated attack. In other words, we are using a flashlight to centre intensively on a definite spot, and not a searchlight, to flood the whole landscape. But we must not forget that X-rays also can be used, and are being used successfully in clinics when sufficient radium is not readily available.

The actual method of using the radium need not delay us long. In most skin cancers one lays the needles directly on a sheet of lead in which a hole has been cut the shape of the lesion, and a little larger, so as to include a small rim of healthy tissue surrounding the cancer. The lead acts as a shield and only the perforated portion lets the rays through. Lesions on the lip are treated in a similar manner if they are early. If more advanced, needles are planted in the substance of the lip deep to the disease. In the tongue and mouth, needles are used and are stitched in, to hold them in place. In cancers of the cervix uteri the radium is placed in one of the several types of applicators. Usually some type of a tube passes up into the cervical canal to radiate this portion, and more radium is placed in the vault of the vagina to cross-fire the exposed cervix and adjacent tissue. The advantage of using radium in locations such as the tonsil or cervix is very apparent, where technically it is almost, if not wholly, impossible to direct a beam of X-rays. Radium on the other hand is readily applied and held in place.

Now let us turn to the use of radio-

therapy as a prophylactic measure. This is carried out in the case of cancer of the breast more often than in any other part of the body. As soon as cancer is diagnosed, a surgeon does a radical amputation of the breast in the hope of removing all the cancerous tissue. Then, as soon as the incision is healed, a thorough irradiation is administered to the whole chest wall, the axilla, and supra-clavicular areas, with the intention of destroying any cancer cells that may have been left behind.

Here large areas are being treated, so the floodlight rather than the flashlight technique is used. In other words, X-rays and not radium are usually employed. Using a large cone on the X-ray equipment, one can flood as much of the surface of the body as is desired and adequately radiate it — something which would not be possible without a very large quantity of radium left in place for a long time. This is economically unsound, when it can be done by X-rays quickly and effectively. The series of treatments is repeated in two months, and again three months after the second series, in order to keep the tissues well filled with radiation for five or six months, until the greatest danger of recurrence is past.

Other areas of the body may be radiated prophylactically — the pelvis following a pelvic operation for cancer; or any group of lymph glands following treatment of cancer in an area which drains into them. An example of this would be the radiation of a neck after treatment of a cancer in the mouth, in the hope of preventing a recurrence in the cervical glands.

For Palliation

This leaves for consideration the most depressing group — those poor unfortunates treated for palliation only. This class includes patients with extensive metastases in the spine and pelvis, or regional lymph glands. Here one wishes to

cover large areas, so again X-rays are used as a rule instead of radium. The manner in which pain disappears even after a single treatment is often spectacular. This alone justifies the treatment of hopeless cases, for thus they can be carried on without opiates and enjoy an almost normal life. In addition, there is the psychic value of receiving treatment so that they do not feel they are being left to die as hopeless cases. Radiotherapy also is of value in ascites due to cancer of the abdominal cavity. Often the fluid can be made apparently all to disappear and the need for continual tapping is no longer present.

Reactions

So far we have been considering the useful and desired results of radiotherapy. Now let us turn to some of the effects that are not so desirable. In addition to the local reaction that always is present in an adequate treatment, general systemic reactions also may be noted. These vary from a general feeling of lassitude to general fatigue, loss of appetite, nausea, and even vomiting. The real underlying cause of this so-called radiation sickness is not definitely explained, in spite of many theories. It has been found that when the liver, spleen, or intestines are included in the field of radiation the symptoms are much more severe.

In dealing with the local reaction one cannot overemphasize its importance and the necessity of its appearance. As has been pointed out above, there is always some local reaction about a malignant lesion that has received an adequate treatment. This is often erroneously thought to be a radium or X-ray "burn" when in reality it is as necessary a part of the treatment as is the incision in a laparotomy. The reaction appears a week to ten days following the treatment. First the skin or mucous membrane becomes red, or to use a technical term, an erythema develops. If a greater dose has been administered, this goes on to blistering.



SHOWING REACTION AT ITS HEIGHT

So one sees it is analogous to sunburn. Also, like sunburn, after the reaction dies away a tanning or pigmentation remains for a considerable time.

If it is necessary to administer a very large dose the next stage after blistering or vesiculation occurs when the blisters break or are rubbed off, leaving superficial ulceration from which serum oozes. If allowed to lie there, it forms large unsightly crusts, and beneath these infection may be present, forming pus that oozes out from under the crusts. So one advises boracic compresses to keep the lesion free of crusts and carbolized vaseline following the compresses to keep the area soft. If the treatment has been applied within the mouth, frequent mouth washings are ordered. Sometimes, by design, or accident, still greater doses have been administered and the next stage of a local reaction occurs — actual necrosis or death of deeper layers of the true skin, or even the muscle layers underneath. So

deep ulcers result. These ulcers often are indolent and slow to heal. Also, they may be painful. So, if such an ulcer appears to be making slow progress, the period of convalescing may be shortened by exercising the ulcer and surrounding tissue, and filling in the resultant area with a skin graft from another part of the body.

Fortunately this later type of reaction is very rare. By using heavy filters on the radium applicators large doses of non-caustic rays may be administered to the tissue without causing any permanent damage. Also, the X-ray treatment machines now are so designed that they cannot be operated unless filters are in place that will cut off the soft, burning or caustic rays. In trying to understand these local reactions one may use the analogy of a hot water bottle. When properly applied it causes a reddening of the skin and gives relief of pain. But if it is too hot, or applied without a filter or covering of surrounding flannel it will cause first blistering, then finally ulceration that

may extend very deeply and take months to heal.

We have tried to make the principles and methods of treatment appear as simple as possible. In practice the problems are not all as easy as one may have been led to believe, and it takes experience to decide the best method of attacking an individual case. Very often the problem is made more difficult by the tardiness of the patient in seeking medical advice. So, instead of a simple, early, uncomplicated case, we are faced with an advanced carcinoma which is rapidly becoming more than a localized condition.

One final word — and if everything else that has been presented is forgotten — remember this, for some day it may save your own life or the life of one close and dear to you. It is a phrase I have heard Dr. Richards, the director of our Institute, use in the cancer clinic time and again. I pass it on to you as the strongest line of defence against cancer that we know, "The thing you should fear most is delay."

A GREAT SUCCESS

The refresher course held during July at the University of British Columbia and the Vancouver General Hospital proved a great success. Registrants came from Alberta, Saskatchewan, the State of Washington and outlying areas of British Columbia besides a large number from Vancouver and its vicinity. Owing to unforeseen circumstances Mrs. Mary Marvin Wayland was not able to be with us, but her schedule of lectures was ably carried out by Miss Edith Smith, from the Stanford University Hospitals, California, who on very short notice kindly consented to help us. Dr. Edith Bryan's courses on psychology and on public

health nursing, Mr. Wood's lectures on the principles of teaching, and the special lectures by Dr. Frank Turnbull, Dr. Naden and Dr. Freeze, were most sincerely appreciated. The demonstrations given by the Vancouver General Hospital staff and the student nurses were exceptionally well carried out and the value of these was keenly realized by those attending. Over two hundred registered and the daily attendance was extremely good. The proceedings began with a most enjoyable tea given by the Vancouver General Hospital and ended with a delightful "no host" picnic lunch at the Sports Pavilion in Stanley Park.

A GOLDEN JUBILEE

The city of Brantford, Ontario, like all other Canadian cities, celebrated the Silver Jubilee in royal fashion; but in addition Brantford held yet another Jubilee celebration, and a golden one, for this year the Brantford General Hospital is fifty years young. A particularly close and happy relationship exists between this hospital and the community it serves; a special edition of *The Brantford Expositor* marked the happy occasion, and

the March number of the *Journal* reference was made to the nurses who successively have served faithfully and well in the capacity of superintendent. The present superintendent, Miss E. M. McKee, has established an enviable reputation both in Canada and in the United States as an able and far-sighted administrator. She has the respect and affection of both her nursing staff and her pupils and enjoys the confidence of the medical



A group picture, taken in 1888, of the Nursing Staff of the Brantford General Hospital. The central figure is MISS MARY GRAHAM who, at that time, was superintendent.

in every column was reflected the pride of the citizens in this community enterprise. The festivities lasted for a whole week, and gave an opportunity for a reunion of the physicians, nurses, and leading men and women of the community who, through the years, have built up one of the most outstanding of the moderately large hospitals in Canada.

The school of nursing in this institution has kept pace with the rapid development of the hospital itself and in

staff and the board of directors. It is largely due to her energy, initiative and devotion that the city of Brantford has just cause to be proud of its hospital. Of Miss McKee it may truly be said that she has given actual proof (if proof be needed) that nurses can and do make excellent hospital administrators when they possess the happy combination of qualities with which she is endowed.

The first duty of any hospital is to care for its patients but there are other ser-



MISS E. MURIEL MCKEE

vices which a modern community has come to expect of a well-ordered institution. It should be an educational centre, a school in the true sense, for all physicians and nurses who are associated with it. Its authorities should participate in civic health activities and should make the hospital a place of health as well as of healing.

An enterprise such as this can only be successfully carried on when it is under the direction of an enlightened board of management which has the confidence of the citizens. The value of an energetic and enthusiastic Woman's Hospital Aid cannot be overestimated. There must be an able medical staff so organized as to assure a high order of professional service. The clerical, mechanical, and domestic groups must be efficient and loyal. Above all, there must be a well disciplined and capable nursing staff. Given all these things (and Brantford has them) all you have to do is to find a Miss McKee and put her at the wheel.

REFRESHER COURSE

The Public Health Section of the A.R.N.P.Q. have planned a series of four lectures in Nutrition.

The tentative outline is:—

- | | |
|--------------------------------|----------------------|
| (1) Fundamentals of Nutrition; | (3) Special Diets; |
| (2) Feeding the Family; | (4) To be announced. |

This series is to be open to all nurses and social workers.

Fee \$1.00—Time: October.

For further information apply to Miss B. BROOKES, 1246 Bishop St., Montreal,
Convener Education Committee, Public Health Section, Association of
Registered Nurses of the Province of Quebec.

NURSING IN THE COUNTRY

L. M. HANNA, M.D.

During the depression through which we are passing, trained nurses have not been called to the country on professional duty as often as before, and are employed only in serious cases. I believe the experience of most country physicians is that, as a result, second-rate midwives have sprung up to do country work and have even opened their homes to certain cases when the patient's home environment is inadequate. In the majority of maternity cases a neighbour woman looks after the patient once a day and the husband or older daughter manages between times. In lots of cases it does the husband no harm either; I have in mind a patient who had a baby every year for six consecutive years and when it came time for the seventh birth, no woman would undertake to look after the mother and baby and the other six children, so I got a neighbour to go with me for the time being on condition that I would bring her back with me. This agreement was carried out and we left when the baby was two hours old. The husband took full charge afterwards alone, and needless to say another baby is not expected this year.

What Country People Say

In a few instances, trained nurses who could not get work after completing their course and are at home doing household duties, go out on cases and take what they can get in money or supplies. I always feel relieved of anxiety when I know that a trained nurse is on the job, but a lot of country folk are not impressed when you suggest a trained nurse for several reasons. They say that you have to have a maid to look after the wants of the nurse and as a rule the house is too small and the pocketbook too empty to consider the proposition. The nurse is looked up to as a kind of goddess and the people are ashamed of their modest

abode, forgetting that the nurse is much like themselves and may have come from a home like their own. They think that the patient must be exceedingly sick or else that the doctor is insulting the head of the household. Most mothers have the idea that they know best how to look after their own families and will only consent to have a trained nurse when they can keep on their feet no longer.

A nurse on her first country case finds herself badly handicapped unless she has a great deal of foresight. Nursing in the country is very different from nursing in the city with modern conveniences and a fully equipped hospital where your doctor is at your beck and call day and night. People in the country may or may not have a telephone or a car; your nearest neighbour may be a mile distant and you may be fifteen or twenty miles from the doctor in charge of the case whom you will only see once in two or three days.

Getting Adjusted

In country nursing the nurse must recognize certain responsibilities which must be kept clearly and distinctly in mind at all times. First and most important from the standpoint of health is your responsibility to yourself, remembering you are usually on twenty-four hour duty. A nurse needs recreation and rest as well as food if she is going to be the cheery individual she is supposed to be. I personally instruct both the nurse and the head of the household to insist on the nurse taking a brisk walk or car ride every day in the fresh air for at least a half-hour, as it brightens and invigorates her and relieves the sickroom tension. I also recommend that her rest period be arranged to suit the nursing and household cares and that she should not be disturbed except in cases of emergency.

The nurse must remember that the reputation of her profession is at stake and, indirectly, that of the medical pro-

An address delivered during the refresher course given in April under the auspices of the Moose Jaw Graduate Nurses Association.

fession. If she is bright, cheery and thorough and radiates the confidence which both physician and patient have placed in her, she will reap a rich harvest of compliments and comfort in feeling she has done her best. Only the family physician realizes how much a nurse is appreciated. I had a nurse fourteen years ago who took several cases for me and even yet people inquire about her and, when a nurse is needed, wish she were free to come. On the other hand, I had an excellent nurse once who had worked with me for nearly two years. In this particular instance she was nursing a bank manager's wife and her new baby. Both patient and nurse were set in their ways and during the whole time they were together I was ironing out difficulties. Each expected me to side with them. At last there came a showdown and I had to take a stand which resulted in a three-cornered squabble and three good friends parted, and a capable nurse was forced to leave the district. In nursing you will find that we are all a little peculiar along certain lines but we must learn to give and take because we are public servants, depending on others for our living.

Doctor and Nurse

In country nursing a nurse is thrown more on her own resources than in city or hospital nursing. It is important that after reviewing the case, that the physician and nurse take one another into confidence and discuss the symptoms and treatment pro and con until the nurse is fully conversant with them. To do this successfully, the nurse must have confidence in herself and in the physician and a complete understanding of what may be expected. The physician can probably only visit the patient every couple of days and has to depend entirely on the nurse's report, so you see how absolutely necessary it is to keep your case well in hand because you may have to act the part of the physician in emergencies. When such circumstances arise,

go about your work as usual, without hurry or excitement for otherwise you convey these to both patient and others of the household. Get in touch with your physician as soon as you can but do not call too often. You will be surprised at how much you can do yourself if you keep cool and collected but you cannot think or act properly if you lose your head.

For example, I once had a nurse waiting on a maternity case and labor set in very rapidly. Before I could get there, a baby was born but the membranes never ruptured. Pain continued and the nurse got excited and started massaging the womb. In a minute or so, a second baby was born in the same sac which still did not rupture. The nurse went flying around grabbing this, that, and the other thing, and getting nowhere. In the meantime the babies (twins) drowned in the amniotic fluid and when I arrived a few minutes later, both were dead. If the nurse had had the presence of mind to simply break the sac and turn the babies face up and had done nothing else, everything would have been all right. The babies were monstrosities and better dead at birth than later, but both patient and nurse were in a fearful state of mind and were hard to calm down when everything was over.

Relationship

Very important is your responsibility to the patient whose life you hold in your hand. The first thing to do is to gain his or her confidence. Do not talk of the patient's case or of others like it. Every physician has his own way of handling cases and knows what to expect from his treatment; this should not be discussed with the patient or her household by the nurse. The less said the better for all concerned; there is always a way of diverting conversation into channels not pertaining to the case at all. You are responsible to the patient's family to whom it is sometimes hard to be civil and polite. When you think of the hard-

ships you are undergoing and how you are hampered by the old ideas of the grandmother and the neighbours it is not easy always to keep a cool exterior. Most country folks are frightened of fresh air in pneumonia and will close the window every time you open it but you can usually get your way by pretending there is a bad odor in the room, or gas from the stove or the furnace. When they see it does no harm but that the patient enjoys it, they will submit. If you are diplomatic you can make people think they are getting their own way while in reality you are doing what you know to be best. Keep in with the family if possible.

Things You Need

A nurse needs acute perception. She may be well trained (and she gets a good training) in the use of modern equipment but may not be prepared to use her five senses as well as she might. I would rather have a nurse in the country who is perhaps not very proficient in handling blood transfusion equipment but who has a fair grounding in all lines of nursing and lots of good common sense. The lack of this gets both physician and nurse into a lot of difficulties and many times makes bad friends and spoils good reputations. A nurse going out on a country case should be equipped with a good hypodermic set with lots of needles and the following hypodermic tablets: morphine grs. $\frac{1}{4}$, atropine grs. $\frac{1}{150}$, and strychnine sulphate grs. $\frac{1}{60}$. She should also have a first-aid kit containing a good pair of scissors, a pair of plain forceps, a little absorbent cotton, a bandage or two, a small bottle of iodine, an ounce of fluid extract of ergot and a hot water bottle and connections.

A New Trend

So much for private nursing in the country. The future of nursing does not, however, lie in this field but rather in hospitals and public health agencies. The modern trend is towards small municipal, Red Cross, or private hospitals and we

do not have to look far into the future to see small hospitals dotted all over this country supported by government and municipal grants. The nurse in charge of these institutions should have a certain amount of training which will help her to become an efficient hospital manager, able to shoulder the responsibilities of these institutions, because both financing and nursing will be included in her work.

A nurse taking over the management of one of these small institutions has to be a good diplomat because she not only has to impress the patient with the sense of efficiency but also the public who visit the patient and institution. She will have to build around her a staff who have the good name of the hospital at heart and are not just making a living. She will have to take charge of groups of community workers and keep them interested and busy, in fact, she will be a leading light in the community. Not only the head nurse but also her subordinates must accept these responsibilities, because as a rule, there will only be two or three nurses on the staff.

Nurses, like doctors, have always been classed as poor business people, but the depression has taught most doctors to make the best of what they get and to collect as they go along as much as possible; I presume the nurses also have had to knuckle down to the unpleasant task of pressing for funds. The modern way of collecting I have found is taking supplies needed in the household as part payment on account and this way you will find most people are anxious to give.

Force of Example

Here let me say a word on habits and morals because in a small community the nurse's influence is very great. Children in their play and especially girls, imitate certain people who impress the young mind. What the nurse does while on or off duty is bound to be reflected by the children of the community so that you can be a great force for good or evil.

You should belong to the best clubs and other organizations and should attend their meetings. Always keep your work before them because everybody is naturally interested in the care of the sick, and from these organizations you will derive benefit and encouragement for your institution. If after visiting a household, your conduct leaves a good impression in people's minds, it is surprising how much better a time you will be given by the people in whose community you are working.

Public Health Aspects

Lastly, a nurse needs some training in public health because undoubtedly the future will require a great number of well-trained public health nurses. The visiting nurse is a community asset because she has been trained to observe slight deviations from normal and to

know how to correct these. She has a fund of knowledge from training and experience in the prevention of disease. She is familiar with the social forces of a community and knows the interrelations of various organizations. She is equipped to help individuals to find the organization which can give them the most help. In her professional work the service which she renders is applied directly to the individual in the home or school. Her services are acceptable to all classes of society, all ages and under all conditions. She ministers to basic human needs. Her objective always is the prevention of disease and promotion of health. This objective she shares with the health officer of her community and she is in direct competition with no profession.

COLLEGE OF SAINT TERESA WINONA, MINNESOTA

Conducted by the Sisters of Saint Francis

To meet the pressing need for more adequate professional education for nurses, the College of Saint Teresa, Winona, Minnesota, has provided an expanded full-year program to become effective in September, 1935. Sister M. Domitilla, R.N., M.S., Director of Nursing Education, Saint Mary's Hospital, Rochester, Minnesota, has been appointed head of the Department in Nursing Education. It is the aim of the College to prepare nurses for the work of administration, supervision, and teaching in schools of nursing. Although the principles of nursing school organization, the principles of nursing education, the revision of the national curriculum for schools of nursing, and issues in nursing education are major factors in the development of the course of study, the cultural and the social phases of the nurse's education are given due emphasis.

Saint Mary's School of Nursing in Rochester, Minnesota, provides demonstration, observation and opportunity for experimentation as a part of the educational program of the graduate nurse who is a college student. The school is administered and supervised by a staff whose members have proved their ability to recognize and meet the problems of nursing education. This demonstration school provides an opportunity for prospective nurse teachers and administrators to come in contact with nursing school problems and to become familiar with educational theories, principles, and policies in their application to such problems.

The College of Saint Teresa is a standard liberal arts college of the first rank. It confers the regular degrees of Bachelor of Arts, Bachelor of Science, and Bachelor of Science in Nursing. It holds membership in the North Central Association of Colleges and is accredited by the Association of American Universities. It is registered for Teacher's License by the New York Board of Regents.

NURSE ANAESTHETISTS

MADELEINE ARENT, Anaesthetist, Lawrence Hospital, Bronxville, N.Y.

The New York State Association of Nurse Anaesthetists appreciated to the full the courtesy of our State Hospital Association in extending an invitation to meet with them, and we who live in Greater New York felt that we were most fortunate in having New York City again chosen as our convention headquarters.

Our organization is very young and the meetings held in May mark our second annual convention. But already our membership has topped that of any other state group, Pennsylvania holding second place and Ohio third. The business meeting occupied the first morning and we joined the New York State Hospital Association for luncheon when Mr. Alfred E. Smith, ex-Governor of New

York State, and Mr. Robert Jolly, president of the American Hospital Association, were the principal speakers. Both were popular and convincing, and as we returned for our afternoon session one was not surprised to hear remarks such as, "I just feel that I want to go out and work with them!"

Miss Cora McKay, president of the New York State Association of Nurse Anaesthetists, delivered an address in which reference was made to the attempt that has been made in New York State to secure legislation against the nurse anaesthetist. In 1934, the bill to abolish the nurse anaesthetist in New York State, did not come out of committee, and in 1935 was not brought up at all. This accomplishment we feel was only possible through the co-operation of the New York State Hospital Association and its special committee, which has gone on record as not being favourable to the discontinuance of the services of the nurse anaesthetist. Albeit we have been warned that the pressure will continue just so long as the present economic situation exists.

Mrs. Gertrude L. Fife, president of the National Association of Nurse Anaesthetists, and director of the Post-Graduate School of Anaesthesia at the Western Reserve University, gave a paper on anaesthesia in heart surgery. Her experience in this field began in 1928 when Dr. E. C. Cutler performed the delicate operation for stenosis. This was followed by the outstanding work done by Dr. C. S. Beck in Pick's disease, and covers ten pericardectomies. Nitrous oxide-oxygen-ether, the anaesthesia of choice, has been determined only after years of extensive research work on dogs. In these cases of cardiac compression there is a band of scar tissue about the heart binding it to the sternum. The patient is cyanotic, and breathing is difficult. There may be an accumulation of fluid at the base of the lung accounting for the presence of mucus in the air passages. The duration of the operation is from two and a half to three hours. It has been observed that when work on the heart is suspended the pulse improves; therefore, at stated intervals throughout the operation, the heart is allowed to rest from three to three and a half minutes. In stripping the pericardium there is danger of rupturing into the heart, but every precaution is taken to safeguard the patient. Before operation is begun everything is made ready for a blood transfusion, the donor's arm prepared, and a second surgical team ready to give the blood at a moment's notice. The moving-pictures of these cases were very complete, showing the patient on admission to hospital, a close-up of the operation, the patient during convalescence, and finally after discharge from hospital. The accompanying graphs were beautifully prepared and most instructive. Mrs. Fife answered the many questions put to her, but as this is a highly specialized branch of surgery, there were few, if any, present who were in a position to discuss this interesting paper.

Anaesthesia in obstetrics is familiar to us all and was the subject of a comprehensive paper given by Miss Martha Hennenberger, anaesthetist to the Woman's Hospital, New York City. We liked Miss Hennenberger's tribute to the great Dr. J. Marion Sims, the founder of the Woman's Hospital, and appreciated the inclusion of a paragraph from the hospital report of 1915, in which it was recorded that the anaesthetic service had been much improved due to the appointment of two full-time nurse anaesthetists. Twenty years ago this great hospital rejoiced in the fact that the nurse anaesthetist "lived in" and was therefore available at all times!

During the year 1934 there were one thousand four hundred and eighty-four obstetrical anaesthetics administered at the Woman's Hospital. This large number includes every combination that one can think of. Nitrous-oxide-oxygen, nitrous-oxide-oxygen-ether, chloroform-ether, avertin, rectal ether, paraldehyde, pantopon, scopolamin, sodium amytal, and pentobarbital sodium. The popularity of avertin as a basal anaesthetic is increasing daily, but in obstetrical analgesia it does not seem to give the satisfaction that we have come to look for in some of the older techniques. Today at this hospital the most satisfactory results are obtained from the use of pentobarbital sodium and scopolamin.

A whole morning was devoted to clinics at Bellevue Hospital, Long Island College Hospital, Brooklyn Hospital, and the Hospital for Joint Diseases. At Bellevue Hospital we were interested to note that

the Foregger metric gas machine was the one most generally used, in combination with the soda lime filter, so popular in recent years. We were fortunate in seeing a beautiful cyclopropane induction, with the introduction of an intracheal tube for the administration of nitrous-oxide-oxygen-ether, for a gastro-enterostomy.

In the afternoon Mr. P. Godfrey Savage, president of the New York State Hospital Association, addressed us, giving generously of his advice and encouragement in the problems that lie before us. We have been criticized because we have formed an association, but it is only through organization that we shall be

Miss Charlotte Kuhn, anaesthetist, Crown Heights Hospital, Brooklyn, covered the subject of spinal anaesthesia. Miss Kuhn spoke with authority (having been the subject of a spinal anaesthetic herself) for during the past seven years it has been her privilege to administer one thousand spinal anaesthesias, and to have observed seven thousand. Miss Elizabeth Flint, anaesthetist, Neurological Institute, New York City, spoke with the utmost modesty and simplicity of the work that she has been doing in one of the most difficult fields of anaesthesia over a period of fifteen years. An enviable record indeed. No anaesthetic programme would be complete without a message from Dr. Ben Morgan, so it was with genuine pleasure that we welcomed him to our gathering, later going to see a demonstration of the latest Ben Morgan anaesthetic machine.



THE EDITOR'S DESK

Readers' Guide

There is a good deal of uncertainty as to how much or how little instruction should be given to nurses in the elements of physics and chemistry. In his article on radiotherapy Dr. Irvine gives a remarkable illustration of the practical application of such knowledge in the nursing care of patients who otherwise might be exposed to grave risks. And if you are specially interested in teaching methods just examine this article from that standpoint also; it is a fine example of the judicious selection of essentials as well as a model of clarity and simplicity of expression. Draw this to the attention of the physicians who share in the teaching programme of your school. This is the sort of thing we want from them instead of a highly technical treatment of the subject from a medical rather than from a nursing angle. A supplementary article, written by a nurse, and dealing more specifically with nursing techniques in radiotherapy will appear shortly. The two articles should be studied in relation to one another. Δ In "Nursing in the Country" Dr. Hanna, who knows whereof he speaks, has given us some straight from the shoulder advice which we would do well to heed. Indeed he has done much more than that: he tells us not only what nursing in the country now is, but what it may become if we rise to the occasion. Δ The vexed question of the legal status of the nurse anaesthetist is agitating more than one Canadian province at the moment. Miss Madeleine Arent, who is herself a registered nurse as well as a qualified anaesthetist, gives us a glimpse of the interesting proceedings at the recent convention of the Association of Nurse Anaesthetists which has been formed in the United States as a means of mutual protection. Δ Miss Gertrude Bennett, director of the School of Nursing of the Ottawa Civic Hospital made a valuable

and thoughtful contribution to the symposium on the Victorian Order of Nurses and its relationships which was one of the features of its annual meeting. The reaction of student nurses to the experience afforded them by arrangement with the Order is specially worth noting. Δ This month Miss May Jones makes a strong plea for the eight-hour plan for private duty nursing. In her opinion, it is useless to compromise: all must subscribe to it if it is to be a success. We have a leaning towards compromise, but we are open to conviction. Comments will be welcomed and will appear under the caption of "What do you think about it?" Δ Are you following the Trail of Adventure? It takes an unexpected turn this month. Δ By way of shaking off summer sloth and bringing yourself up to date, be sure to read *Notes from the National Office*. The Provincial Associations are certainly up and doing.

A Bereavement

Nursing education in Canada has lost staunch friends and wise counsellors in the tragic deaths of Mr. and Mrs. Reginald Brock as the result of an aeroplane accident. When it was first organized in the University of British Columbia in 1919, the new Department of Nursing and Health was attached to the Faculty of Applied Science and, through the years, Dean Brock consistently supported and defended it. When the experiment met with strong opposition, he refused to be shaken, and as it slowly came to justify his faith in it, he did all that he could to foster its steady growth. Mrs. Brock took a personal interest in the students, both graduate and undergraduate, and year after year extended her gracious hospitality to them. To the countless tributes already paid them the nurses of Canada will wish to add theirs. *They were lovely and pleasant in their lives and in their deaths they were not divided.*

ON THE TRAIL OF ADVENTURE

Arabia, June, 1915.

Dear E.,

Who says Aden is unattractive! It's the most fascinating spot on the globe. After the first woolly week when the universe seemed full of strange smells and the wildest looking Bedouins attached to strings of camels, I got my bearings a bit and now revel in everything. The bungalow with its high rooms and wide verandahs is a joy, and I look straight over the desert to the barren rocks of Aden and the bluest of seas. At sunset it is a fairyland world, for all the colours ever invented seem to get spilled over things with a lavish hand and the soberest camel is transformed. And such nights! With a big yellow moon rising over the edge of the desert and a string of camels silhouetted against it as they slowly wend their way into the mysterious hinterland. And other nights, like black velvet, with no moon but the most amazing stars. It's pure joy to sleep under them on the open verandah.

At 6.30 a.m. after *chota hazri* comes Ali Hageri with his English victoria and a most superior camel, and this surprising combination conveys me to the hospital. Our way lies partly through the village which smells mysteriously of wood smoke and all the "perfumes of Araby", and tinkles musically with the bracelets and anklets of the women as they flit about with flashes of brilliant garments under the long black *shadirs*. The children crowd on to the *ghari* and we arrive at hospital *en masse*. Then follow some hectic moments while the camel returns for the doctors, and with their arrival the day starts in earnest. Twice a week we have field days of operating, sometimes from 7 a.m. till 6 p.m., the two doctors hard at it, with myself, the one nurse, a sort of pendulum between them. Salem administers anaesthetics and Abdulla, Nagai, Cassim and others find many and varied jobs. There is a lull for tiffin served on the verandah by one of our "boys" after which we go to it again. When the monsoon blows dust over everything and temperature soars, I have thought longingly of a Labrador blizzard, but even the worst day gets over somehow.

Mission hospitals have to be elastic and this one is no exception. Our patients come many days' journey to us, from hundreds of miles over the desert and we would die rather than turn a real case away. So they overflow cheerfully into the compound where private patients are housed in what look like commodious bathing boxes, and lepers live together under the trees, and except in a dust storm I think the lepers score as regards

accommodation. It is a wonderful sight to see all the different types and the interested faces while the doctor takes morning prayers, always the beginning of each day.

And then there are outside excursions. The other day the doctor was called to L., sixteen miles across the desert, to see the Sultan's wife, and to my joy he decided a nurse was indicated. Our hospital is one of the "out-posts of the British Empire" and beyond our village no one ventures without special permits and escorts. The doctors have permanent passes so we set out gaily in a hefty motor car belonging to His Highness, with a camel escort. At intervals we stuck fast in the sand and camels hauled us out, the escort meanwhile dealing out instructions and commands freely. Arrived at the palace, we were regaled with syrupy tea while a telephone message acquainted the harem of our presence. Then we were led through endless passages, up and down narrow staircases and through rooms to the women's quarters where the patient awaited us. The doctor was only allowed to see her and her slaves, but I was much in demand by the other ladies who questioned me at length and chattered vigorously amongst themselves, but my limited knowledge of Arabic cramped my style badly. We were finally escorted home with many thanks and a generous fee for the hospital treasury.

Sunday is varied by an evening drive into T. and the service in the little church. Then we come home sometimes in brilliant moonlight—sometimes with the wonderful stars—to supper, and so to bed.

Yours ever,
L.

P.S.—I must mention our royal invasion. Three minor sultans from the hinterland suddenly materialized, suites and all complete, on the tennis court and demanded "dowa", i.e., medicine. They had been into Aden and were returning to their country armed to the teeth to defend various passes from the Turks, who, we hear, lurk up country ready to pounce.

S.S. Matiana,
Steamer Point, Aden,
July, 1915.

Dear E.,

I am almost too breathless to write. We are refugees and our hospital and bungalows are in the hands of the Turks. Don't I give you exciting news!

I was on my way into Tawahi to spend a night with the wife of one of the officers in the native regiment, and *en route* we passed

the British Regiment marching out to defend Lahey. My hostess and I spent the night on the roof of her bungalow while her husband appeared at intervals from the "front" with items of news. Apparently the three sultans had been unsuccessful in their defence of the passes and the Turks had got through and were making for Aden. Next day was Sunday. The doctor telephoned that his bungalow was full of sun-struck soldiers. While we were at service in the little church in the evening we heard continuous firing, and directly the service was over Dr. Y. and I dashed out to Shak in the car. The Turks were then at L. I managed to rescue some things belonging to the nurse on furlough and threw a few of my own possessions into a trunk and these were taken into Aden on a military lorry. Then we worked hard most of the night, though the doctors insisted on my lying down part of the time. On Monday Dr. Y. was commandeered to act as Port Health Officer. Our troops were ordered to retire, leaving S. to the enemy as we had not enough men to defend the place. We simply flew round packing up hospital stores, sending some patients to their homes and taking the worst cases into the Civil Hospital in Aden in the old car. That night we spent in T., and dashed back to collect more goods, the hospital being then empty of patients. In the midst of our activities the army departed, taking the police force with them. At once looting and burning began, and our hospital boys, armed with amputating knives, departed in haste to defend their homes, and implored us to sneak off by back ways. This didn't appeal to either of us so we motored through the village quite safely and came through our own firing line to their intense astonishment.

In the club a cable awaited me from my Frontiersmen ordering me to E. Africa. I nearly went off on a French steamer, but waited for a British India one which was expected next day. She came in on Sunday. I went driving in a *ghari* with the doctor to say good-bye to friends. We got engaged! went to the evening service and about 11 p.m. he brought me on board as we were to sail at dawn today.

At 6 a.m., we being still here, he came out to find the ship's doctor had died of heat-stroke. Being out of a job, he dashed ashore and got signed on as ship's doctor to Mombasa and back here. We mean to be married by the Bishop of Mombasa who came out from England with us and seems an old friend; then I'll go on to Nairobi to my regiment and be able to join A. whenever possible and wherever he is.

So do you wonder I'm breathless? I've scribbled notes to the family and we are on the point of sailing so this must go ashore.

Yours as ever,
L.

Mombasa,
East Africa,
July, 1915.

Dear E.,

Our wedding day, and I'm "woo'ed and married and a'" in the space of ten days. We stayed a week with the Bishop and his nice daughter while the Governor, who happened to be in Mombasa, sent to Nairobi for his special licence book. An American and his wife came here with us to avoid the local scrimmage and he gave me away. A. and I went shopping and got the last wedding ring in Mombasa, and after much trouble I found a strange gauzy material to act as a veil. A topi seemed inappropriate as headgear for a wedding.

And today it all happened! I ironed an old white dress; Miss P. draped a scarf over it and the veil and real orange blossom were pinned on, and with a really magnificent bouquet from the garden Mr. S. and I walked through the compound to the white coral cathedral. We were too early and had to shoo the congregation of ship's officers into the church in front of us. Miss P. played the organ. A. was waiting for me; Mr. S. "gave this woman" and two refugees suddenly belonged to each other. Then we drove in a car crowded with guests and rice to the hotel nearby where we ate and drank something and there were speeches.

Now I'm dashing this off before catching the train to Nairobi. My husband is coming to hand me over and we have been together so much there seems nothing new or strange, only my wedding ring feels very heavy.

The nice best man has sent cables home and I long to be on hand to see how you all react.

Yours—as always,
L.

Voi,
East Africa,
July, 1915.

Dear E.,

My journeys seem fated to be eventful. We were peacefully asleep last night when the train stopped nowhere in particular and we overheard a spirited conversation between the G.O.C. in the next carriage and his A.D.C. Apparently news had come through, from a man called Wavell, that some Ger-

mans had been seen near the railway line, and the A.D.C. was all for caution and a scouting party of King's African Rifles. The G.O.C. wasn't keen on any delay, but at this point the engine driver chipped in. He had been bombed once and didn't like it, and didn't intend it to happen again. So we waited, and after a bit word came that the line was bombed five miles ahead. Then things fairly hummed. I, being the only woman on the train, was exempt, but the men were all armed and we spent a watchful night ready for man or beast. Early today we were provided with armoured cars and a strong guard and have reached this spot where we are to remain till morning. Our honeymoon journey seems likely to be prolonged, and as it is all I expect of a honeymoon we are cheerfully resigned.

The scenery is vastly intriguing; great areas of low scrub with natives in complete undress strung along the railway line, and giraffes, deer of sorts, and other strange fauna in the offing. It's the country for lion, but I'm not hankering for a sight of one. A. and I are covered with red dust, but so is everyone else; and the tea is mostly sand, but who cares?

A train is likely to pass which will take this back to Mombasa—so here's luck.

L.

Nairobi,
East Africa,
August, 1915.

Dear E.,

Life is certainly unexpected. When we finally reached here a jeering crowd from the hospital awaited us. Their first nurse had got married, the second was engaged, and here was I, married too! But a fourth was all agog for the job, as her husband is in the regiment. So to my exceeding great content I am free to go back to Aden with A. and have a hand in what awaits us there. Meanwhile we are spending a delectable few days with the Treasurer of the Colony and his charming wife. We have been to the outskirts of the town where the men played golf and we heard hyenas; have driven in rickshaws, horses being unknown here because of the tsetse fly; and have generally sampled much hospitality and kindness. Tomorrow we return to Mombasa to rejoin the *Matiana* and this time will stay in the hotel—Bishop's Court being full up.

In haste,

L.

[Editor's Note: These letters were written to a friend by Louie Brice (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses, the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands. More letters will appear in successive issues.]



Department of Public Health Nursing

A TIMELY WARNING

A leaflet giving a clear description, in simple and popular language, of the symptoms of poliomyelitis has been prepared and is being distributed by the Canadian Welfare Council. Public health nurses will find this useful for distribution during the coming months and copies may be obtained through the respective Provincial Officers of Health. As a precautionary measure it is well for all nurses to recall the obscure symptoms which may be the only warning of the onset of this insidious disease. The following synopsis is quoted from the leaflet mentioned above:

Poliomyelitis is most prevalent during the months of August, September and October. A considerable number of cases occur in July and November, and occasionally cases crop up in the months of May and June, and not infrequently in the winter months. Canada is visited by this disease each year. The greatest number of cases in recent years occurred in 1930 and 1931, when there were 1,030 and 1,341 cases respectively. In 1928 there were 728; in 1929, 753; in 1932, 956; and 246 in 1933. The mortality is extremely high and from 1927 to 1933 there was an average of over two hundred deaths per year. The number of children crippled as a result of this disease is not known for the whole Dominion, but there must be a great many. The high mortality, taken in conjunction with the unsightly and handicapping crippling of many of the survivors, puts this disease in a class by itself as a treacherous illness — a depredator of young lives and limbs.

It would appear that convalescent serum, when administered in the early stages of the disease — in the so-called pre-paralytic stage — sometimes prevents the development of the paralysis and less-

sens the mortality; but, certainly no benefit can be expected from the use of serum unless the doctor is called on the appearance of the earliest symptoms. If parents are forewarned and equipped with some knowledge of how their child is likely to react to this infection, much suffering and future crippling of their children may be avoided.

Symptoms

These cannot be said to be constant or regular in their appearance — even the physician may be puzzled or misled by the earliest symptoms. There may be a vague sort of illness, especially in the early stages, and many of the symptoms may be lacking later on; but, if one or more are present, take no chances but hasten at once to procure a doctor. Usually, the onset is sudden with fever. The child may be flushed and thirsty; he may appear to have a head cold, or he may complain of a sore throat. There may be a cough, or he may vomit or have diarrhoea. Quite likely he will lose his appetite. He may be drowsy, peevish, irritable or, on the other hand, he may be restless, wide awake and very bright mentally. If drowsy, he is usually alert if awakened and an anxious, frightened look is not uncommon. He may not urinate, and may sweat a good deal. His neck or his back may be stiff, and he may complain of this stiffness; he may complain of frontal headache. His body may be tender to touch, especially the legs; and he resents handling. Sleep may be disturbed by twitching, and his hands may shake and tremble; his eyes may be sensitive to light.

A child may have fever and some of the above symptoms for a couple of days and then appear to be much better for from one to four days, followed by the onset of more serious symptoms, and later paralysis. Parents should not be lulled

into a false sense of security by this so-called latent period.

Since a great many of these symptoms may be present when a child has an attack of influenza, or an acute intestinal upset, one must also be on the lookout for the following important signs, which do not occur in these conditions:

Spinal stiffness: The head may be bent on the neck but efforts to bend the neck on the shoulders cause pain and are resisted.

The knee-kissing sign: The child is unable, while sitting up in bed, to bend his head down and kiss the knees. It hurts too much.

Head dropping: When a child is raised at the shoulders, the head tends to drop backwards.

Peculiar attitude: When he sits up, he props himself behind with the extended arms supporting a tender or painful spine.

Rapid pulse: This symptom is always present.

If the doctor is to be of any assistance, he must be called as soon as the slightest suspicion is aroused, certainly within twenty-four hours of the onset — the sooner the better. He may desire to perform a lumbar puncture, for in this way an early diagnosis can be arrived at and any necessary treatment instituted. In the months of June, July, August, September, October and November, parents should be constantly on the lookout for this condition particularly if there are any cases of infantile paralysis in the community, but remember that sporadic or isolated cases may and do frequently occur.

Infantile paralysis is infectious for about twenty-one days. Be sure to keep any child with suspicious symptoms in bed, and isolated from other children, just as you would isolate or quarantine a case of scarlet fever. The infection is thought to be present in the secretions of the nose and the mouth.

A RESPONSE TO CRITICISM

EVELYN MALLORY, School of Nursing, the Vancouver General Hospital.

We hear a good many complaints (from our good friends the public health people particularly) of the neglect of health teaching, by those doing hospital nursing. Here is one answer—an excerpt from a case study by a junior nurse who has not yet completed her first year. It might interest those who believe that in hospitals we do only "sick nursing."

"Mr. C. gave me a grand opportunity for health teaching. The first night that I gave him evening care I asked him if he had a tooth brush. He said that he never had one in his life but had only used chewing gum and soda (chewing gum particularly is bad for the digestion and would only aggravate the pyloric ulcer). His teeth, as a matter of fact, were

in fair condition but not a very good colour. I obtained a tooth brush for him and he was very much taken with it and was most particular that he got his mouth wash morning and evening even though he was allowed up to the bathroom. Apparently when his children visited him (he had seven) he showed it to them with pride and they were so delighted that he asked me to buy two or three more for them—and again several days later four more for the rest of the family. So now I am happy to think that the C. family are well supplied with gay tooth brushes through the good offices of the Vancouver General Hospital, and that the children now have a chance of good healthy teeth."

Department of Private Duty Nursing

WHERE DO WE STAND?

MAY JONES, Private Duty Nurse, London, Ontario.

The length of the working day of the private duty nurse is a highly controversial question at the present time. There are hospitals in our province which are permitting twenty-four-hour duty even in this enlightened age, and it appears that nurses may continue to do twenty-hour duty unless they take the initiative and refuse to be slaves to such a custom. It seems a far cry from twenty-hour duty to eight-hour duty and yet we firmly believe the time is ripe to force an eight-hour day for private duty nurses in hospitals. Last year at the provincial convention in Toronto, only two centres reported any definite steps toward establishing an eight-hour service. We are anxious to hear how many other centres have established such a service this past year. In one instance at least it has been a conspicuous success, and I have permission to quote the following letter from Sister M. Dorothea of the General Hospital, Sault Ste. Marie, Ontario.

I am pleased to give information about the eight-hour system which has been carried out here for over two years, and has proved most satisfactory. When the Graduate Nurses Association planned this move they asked our co-operation. We readily consented and the change took place without the slightest inconvenience to patient, hospital or nurse. From the hospital standpoint there is really nothing to gain, neither is there much to lose. The going and coming of the nurse does not in any way affect the general routine of the hospital. Sometimes we find that a patient having two nurses expects the same unremitting attention from the floor nurse as from her specials, and this makes it rather difficult for the floor supervisor at times. The hours of duty (with three nurses), are 7 a.m. to 3 p.m., 3 p.m. to 11 p.m., 11 p.m. to 7 a.m., but the hospital calls on a nurse at any hour. Each nurse is paid \$3.00 for eight-hour service. The patient really benefits most by this change; she may employ one, two or three nurses, and should she need three, the cost to

her is less than two under the old system. If she wishes but one, we have her at night from 10 p.m. to 6 a.m., and if she desires two, we have one for the night and the other at the time most suited to the needs of the patient. Incidentally we try to arrange that the nurse will be on duty at the time that the floor nurses are busiest. I may add that there has never been the slightest friction in the arrangement of the hours. We try to please the sick in the selection of a nurse and as only the critically ill can afford the luxury of three or even two nurses, we have no difficulty in meeting the demands. The advantages to the nurse are obvious. It gives employment to a greater number, it gives them sixteen hours away from the bedside of the sick; they come back more rested, more refreshed and more active; they have more time for home life and social obligations and I believe it keeps them more together.

No Exceptions

From our experience in London we have learned that to try to establish an eight-hour service in addition to the existing twelve-hour service is a mistake. Apparently the only successful way is to establish a straight eight-hour duty service and give no choice of any other service. How can this be done? Naturally we would expect some opposition from the laity but once a rule is established the opposition is soon overcome *providing no exceptions are made*. If we wait until the medical profession, as a whole, approves or supports eight-hour duty, we shall wait for another century or so, for many of them still expect a private duty nurse to do twenty or twenty-four-hour service. As for governing boards of hospitals, and unfortunately even some superintendents of schools of nursing, they do not approve of private duty nurses establishing eight-hour duty in hospitals and claim that if a patient desires a twelve-hour duty nurse they (the hospital administration) have no right to refuse it. So, it appears, the

private duty group can expect little or no support from these authorities. Therefore the task of inaugurating eight-hour duty is ours, and rightly so, for it is our problem and not that of hospital superintendents, or governing boards. It can be done, but only in one way: by the support, loyalty and co-operation of *every* private duty nurse practising in the community. Even a very few nurses who prefer to continue doing twelve or twenty-hour duty, when the majority favour eight-hour duty, can ruin any attempt to establish an eight-hour service.

Why We Want It

We believe eight-hour duty is threefold in its advantages: first, it gives a less expensive nursing service to the public; second, it makes for more even distribution of work among the nurses; and third, it creates more work for the private duty group. The question of fees is important here. From Vancouver comes the advice that the charge for eight-hour duty should not be less than \$3.50 but not more than \$4.00, and that anything over eight hours be charged at the rate of fifty cents per hour. Perhaps we valued our services too cheaply when some of us set the fee at \$3.00, and yet there are hundreds of well-trained and efficient registered nurses who would gladly accept this fee and thousands of sick individuals who cannot pay more.

I am sure that if every registered nurse in Ontario who is practising her profession as a private duty nurse were permitted to work eight hours per day, at \$3.00 per day, for eleven months in the year, the problems of finance and economics would be solved for each individual nurse. Instead, we have a small group employed about three-quarters of the time and the remainder employed very spasmodically and averaging only short cases. No wonder so many of the private duty group are unable to provide for their later years.

Can the private duty nurse attending a very sick patient for twelve hours, then

spending another two hours in transporting herself to and from and an average of one hour daily in attending to such personal matters as laundry and bathing, find time for such economies as sewing, mending and housekeeping? Can she find time for educational reading or even reading for enjoyment and relaxation? Can she enjoy social life with her family and friends or look forward to periods of recreation and sport which are necessary for a well-balanced life? You will be forced to answer "No" to these questions, for the average private duty nurse on twelve or twenty-hour duty cannot manage such activities. All that she is able to do, or is fit for at the end of the day, is to tumble into bed for six or seven hours of sleep to be aroused by her alarm clock to arise and prepare herself as best she can for another day's work. No wonder such a nurse is often spoken of as uninteresting; what time has she to acquaint herself with the topics of the day and with current affairs either in the country in which she lives or those which are of world-wide interest?

Opposition

If you have discussed or are about to discuss eight-hour duty, you will find that your greatest opposition will come from a small group of private duty nurses who are employed most of the time and who, because of selfish interests, are not big enough to sacrifice personal gain for the benefit of the much larger group, many of whom are actually suffering and in need of the bare necessities of life. There are just as capable and well trained nurses among the unemployed group as there are among the employed and some day, perhaps through no fault of our own, we may belong to the unemployed group, so let us have a heart and strive to break down this barrier of infernal indifference.

The irony of the present situation lies in the fact that on the one hand there are hundreds of nurses willing to render service in return for a minimum living wage,

and on the other hand, hundreds are in need of skilled nursing care but unable to pay even a minimum fee for nursing service.

We believe state health insurance is near at hand, but what about the nursing service which we believe to be so important? If health insurance does come, as we feel sure it will, will it include a nursing programme, and if so how efficient will it be? The place of the nurse in any health insurance scheme should be largely determined by the organized nursing group. Shall we wait for it to take us by surprise or shall we show our initiative and organize our own group on a strictly professional basis and not be bound by political favours or disfavours? The urgent need of employment for nurses is important, but it is not as vital as the need for nursing service to all citizens, regardless of their ability to pay or their place of residence.

The Registries

I fear the majority of our registries are organized merely as centres to provide employment to the small number of nurses they have enrolled, rather than to give nursing service to the community. Most of them, if not all, have no financial backing and have to depend entirely on the fees paid by the enrolled members; therefore they are in no financial position to try out any new plan. Under any new policy or type of organization, the patient should be able to secure the care required, both from the standpoint of hours and type of nursing service. The patient who, at the present time, employs a nurse for private duty has, of necessity, to employ her for the number of hours outlined as a working day by the registry of which she is a member. The patient may need the nurse for only a part of that time and yet must pay her for time when she is not really employed in nursing service.

Cut Rates

Another problem is the lower rates

charged by graduate nurses who are not members of registries or of any controlling organization. Many of this group have had good training, and may or may not be registered in the province, but in order to get employment they start a cut-rate nursing service. Unfortunately some of the medical profession see no reason why these nurses should not be employed and call them in preference to the nurse who has been loyally living up to the rules and regulations of her local registry, alumnae association or hospital. The nurse who charges \$4.00 for twelve-hour duty works for 33 1-3 cents per hour; a charge of \$5.00 for twelve hours works out at 41 2-3 cents per hour and a charge of \$3.00 for eight hours to 37 1-2 cents per hour. The common labourer, the unskilled worker gets a higher wage than this, and yet some registered nurses value their services as low as eighteen cents per hour or \$15.00 per week and are not only nursing the sick but are doing house-keeping, washing and cooking. All this sounds very mercenary yet it is of vital importance to the private duty nurse who is dependent entirely on her own earnings and may be forced to accept any kind of employment at any price in order to avoid going on relief. We admire their pluck but we must admit that they are making nursing an occupation rather than elevating it to a profession and certainly are not helping to raise the status of the private duty nurse.

Possible Modifications

In London, we are anxious to reorganize our registry and to place a group of nurses on salary and to provide patients who cannot pay the standard fee with trained nursing service. It is our idea that this group of nurses would do eight-hour duty and would give hourly or daily nursing service as the case required. We planned calling a meeting of representatives from such groups as the Home and School Club, the I.O.D.E., Y.W.C.A., Y.M.C.A., the Catholic Women's League

and the insurance companies, and with the helpful suggestions of these groups to formulate some workable plan. Then came the question of finance. Should each individual who received nursing care be asked to contribute a small amount or should we start some plan of insurance whereby each family, who desired to do so, would contribute a definite amount each month and so be entitled to receive nursing care for any member of that family when sickness occurred?

Then came the problem of collecting these monthly fees, as well as the problem of advertising, which is always expensive. The difficulty of getting the public educated to new plans, not to mention educating the medical and nursing professions, seemed to be one of the greatest problems. If such a plan as this worked out well, would it interfere with the field of private duty nursing? And the greatest problem of all: who would do the organizing of such a programme? In London, for the present at least, we are forced to admit this is too big a question for one individual registry to solve.

Licensure

It is quite apparent that legislation should be secured to license *all* who nurse the sick for hire. At present there is no check-up on those who call themselves nurses. Any person who takes the notion can don a white dress (a so-called uniform) and pose as a nurse and, regardless of the type of training or total lack of it, be accepted by the public as a nurse. There is a group who have had some training and because of this feel they have the right to set a fee, and they, too, are free-lance in their activities. Legislation should also control those individuals who call themselves practical nurses. Many of these women are experienced and capable and have a definite place in the community while others have no training and go about exploiting people.

Why do many people prefer to employ the so-called practical nurse rather than

the registered nurse? Is there a general impression abroad that registered nurses are *not* practical? Is it because registered nurses go into homes to nurse the sick and forget that other members of the household deserve some consideration? Or is it because in many cases the need is for a housekeeper rather than a well-trained and capable nurse? Or is it purely a financial problem? These questions are worth consideration by our private duty group.

Conclusions

In conclusion may I sum up the measures that, in my estimation, would aid materially in raising the status of the private duty nurse:

(1) Let us continue our study, individually and in groups, of Dr. Weir's *Survey*, for very few, if any, have yet fathomed the significance of the recommendations contained in this work.

(2) Let us exert our influence towards standardizing our schools of nursing. Your membership in your provincial association is a material aid towards such a goal and your personal influence is inestimable. As a group we can make known our feelings on such an important matter and so add another link in the chain of sentiment which eventually leads up to action. Furthermore, let us urge that special emphasis be laid upon sound preliminary teaching and practice in the household arts and sciences.

(3) Let us advise young women who are considering entering schools of nursing to choose a school connected with a large general hospital where they can obtain a well-rounded training under specially trained instructors in a well-equipped school. We should make known to them that a serious condition of overcrowding exists in the nursing profession and that only competent, well-prepared women can hope to succeed in it.

(4) Let us aim to have eight-hour duty established in all the cities in Ontario by 1937. It can be done if each one

of us firmly resolves that it shall be done. This is the problem of the private duty group and not of the medical profession or of the hospitals, therefore it is entirely up to us.

(5) Let us make it clear to the public and to hospital boards, women's auxiliaries and any other groups that have influence in governing hospital management, that a staff of graduate nurses can give better nursing service in small hospitals than student nurses and at considerably less cost.

(6) Fees charged by private duty nurses have always been a matter of local adjustment, to suit each individual community, and this should be the satisfactory way providing the charges are kept within a reasonable range. A standardized maximum and minimum wage, set by the private duty section of the provincial association might be of assistance in controlling this difficult situation.

(7) Registration of all who nurse for hire is decidedly a provincial if not a Dominion problem and we feel that the private duty group should encourage and definitely work towards such a programme.

(8) State nursing is the question of the hour and concerns the private duty group more than any other. Let us not sit back with folded hands and wait for some form of legislation to impose regulations upon us without our group having first considered the matter seriously and formulated a definite workable programme.

(9) Reorganization of registries is too big a task for individual organizations, but a definite programme of reorganization could be successfully undertaken by our provincial organizations and financial aid could be given. Let us make sure that at least some of those planning such a programme are from the private duty group as this group is most directly affected by such a change and let us see that all types of nursing service are included in the reorganization.

(10) Let us keep uppermost in our minds the vital need for nursing service to all citizens, regardless of their ability to pay or their place of residence, and look upon the employment of nurses as a secondary consideration.

[Editor's Note: This is the second and concluding article based on an address delivered before the private duty section of the Registered Nurses Association of Ontario, April 26, 1935.]

A TRIED REMEDY

Heat in the treatment of disease may be said to be almost instinctive; and has been employed in some form or another since the beginning of time down to the present day, when more attention than ever is being focussed upon its therapeutic uses. Its sedative effect on sensory and motor nerves, its ability to alter the local metabolism by effecting an increase of blood and lymph supply and increasing the nutrition in the parts and the resorption of exudates, renders it an element

of the widest range of application in the treatment of disease. This is manifested — often very strikingly — when heat in the form of Antiphlogistine is applied in such cases as the arthritides, chronic rheumatic conditions, sciatica, affections of the upper and lower respiratory tract, and wherever the use of heat is indicated. In angina pectoris, Antiphlogistine, which maintains its heat for a long time, has been used for its sedative and pain-relieving qualities.

Department of Nursing Education

THE SCHOOL OF NURSING AND THE V.O.N.

GERTRUDE M. BENNETT, Director of Nursing, Ottawa Civic Hospital.

The general topic of this symposium is the Victorian Order of Nurses, its responsibilities and relationships. My contribution to the discussion will be presented from the point of view of the director of a school of nursing. In thinking over the subject one realizes immediately that conditions differ in large centres where there are public health and social service departments, and the smaller towns where there are not. In the larger centres the public health department is responsible, or should be, for welfare work and health teaching. Where the work is not done by that department or where bedside nursing is required, it seems logical to turn to the Victorian Order because its lay personnel realizes the need and because the advice and assistance given by its trained workers are extremely valuable.

Inter-Relationships

It seems reasonable to take for granted that there should be close contact between the Order and the hospitals in those centres where the Order is established and that some measures leading to this end should be put into force. For example, nurses might refer maternity cases to the hospital clinics, whether they are to be confined in hospital or in the home — unless the family physician objects. The hospital, in turn, might give a list of clinic cases to the Victorian Order nurse, who could then visit the patient in her home and check up on the way in which the patient is, or is not, carrying out the doctor's orders. She might also find out what arrangements are being made for confinement and give the patient whatever instruction she feels is

necessary. The maternity cases discharged from the hospital might be reported so that the Victorian Order nurse could make post-natal visits, because patients discharged from hospital have not always the advantage of the instruction which the nurse gives to the home cases for the benefit of both the mother and the baby. Some care might also be given to patients (other than maternity) who are discharged from hospital to whom a visit of advice and encouragement might be a great help in the adjustment to home conditions after illness.

In regard to children, a follow-up of discharged patients, especially feeding cases and diabetics, would be beneficial, and visits to the homes of those admitted to hospital in order to check on home conditions which may have caused the illness, might be desirable. A difficulty arises here, however, because the Victorian Order nurse is not permitted to go into homes unless a doctor is in attendance. But if there is a need, some way should be found to meet it, possibly through the hospital clinics or the medical health officer.

Educational Opportunities

May I be permitted to pay tribute to the Victorian Order for the affiliations which have been offered to a limited number of pupil nurses in our schools? The course has been very popular and much appreciated by those fortunate enough to have had the advantage of taking it. I believe this educational activity should be much extended and given more publicity.

I have made a note of some of the comments which have been made by pupils who have had this course and these I should like to pass on to you. They have found that the course has given them

A contribution to a symposium which took place at the annual meeting of the Victorian Order of Nurses for Canada on May 2, 1935.

additional knowledge, a gain in self-confidence, a realization of the necessity for economy. It has stimulated their powers of observation and their ability to improvise and has promoted a ready adaptability. Furthermore, it has given them a clear idea of just how essential it is to have a good knowledge not only of nursing procedures but also of the principles of health teaching, so that their work can be well done and the many questions asked by patients and their friends answered intelligently.

Further comments have taken the form of requests. They have suggested that more teaching of the technique and procedures of the Order should be given before the pupils are sent on the district. They have requested the school of nursing to provide more opportunity for the observation of infected throats and for demonstrations of bathing the baby as it has to be done in the home. Most significant of all, they are asking that more "public health teaching" be included in the curriculum of schools of nursing.


It is felt to-day that when possible, a trained public health nurse should be a member of the staff in schools of nursing either in the instruction department or in a supervising capacity and that she should be used as a teacher. In order to carry this out in smaller centres, it might be both possible and advisable for the Victorian

Order, in co-operation with the hospitals, to arrange for a short course of lectures and demonstrations to be given by the Order.

It would also be worth while if arrangements could be made for pupils, early in their training, to attend well-baby clinics and if possible, spend a short time with the nurse on the district. An early realization of the conditions in the homes from which our patients come would mean a less mechanical care of patients in hospital wards.

Mutual Benefits

This has been, I am afraid, a very one-sided presentation of mutual responsibilities and relationships. However, though it may not seem so, I believe that the hospital can do its share. The better prepared our pupils are now, the better the personnel of the Order will be in the years to come. Within the Order, we are looking for expansion of its work; would it not be well if we planned to prepare those who will one day have the work to do? The larger the groups which are served by the Victorian Order of Nurses in Canada, the greater will be the publicity given to the Order. From a hospital standpoint, we wish the Order every success and trust that co-operation and mutual understanding may increase not only its own usefulness but that of the hospitals with which it may become associated.




ON DUTY - OFF DUTY

NUGGET

WHITE KID CLEANER

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Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The progress reports of the Provincial Associations to the summer meeting of the Executive Committee of the Canadian Nurses Association were received with interest. A summary of those reports gives the outstanding activities of the provincial units as submitted to the Executive Committee.

Alberta

The Alberta Association of Registered Nurses arranged a refresher course in Edmonton, with an attendance of 140; an experiment that proved most popular was the arrangement for those enrolled to spend the last day of the course in observation in the local hospitals and clinics. A Bill respecting Health Insurance, passed at the last session of the Legislature, provides for "Nursing services as offered by nurses registered under The Registered Nurses Act."

British Columbia

The Registered Nurses Association of British Columbia, in conjunction with the University of British Columbia, arranged for a refresher course which was held in July. A resolution regarding "the need for organized obstetrical training, under medical supervision, in preparation for the emergencies likely to arise in isolated districts" has been forwarded to the chairman of the Public Health Section of the Canadian Nurses Association and to the Joint Study Committee in British Columbia. This resolution was passed at the annual meeting of the R.N.A.B.C.

Manitoba

An agreement for reciprocal registration has been completed between the Manitoba Association of Registered Nurses and the General Nursing Council of England and Wales. Recent revision of the Act respecting the Manitoba Association of Registered Nurses includes two new clauses; one, in reference to examinations reads as follows: "All

examinations and matters pertaining thereto under this Act shall be determined and conducted by and under the direction of the council of the University of Manitoba, who shall appoint the examiners therefor"; the second refers to the control exercised by the University of Manitoba: "All matters pertaining to the recognition and affiliation of hospitals under this Act shall be determined by the council of the University of Manitoba." The constitution of the M.A.R.N. now provides for a Board of Managers consisting of a president, three vice-presidents, a recording secretary, seven members of the M.A.R.N., and the conveners of the three sections: nursing education, private duty and public health. Included in the by-laws is a new clause by which the Board of Managers is empowered to appoint an executive secretary; this officer is under the direction of the Board. The curriculum for Schools of Nursing in Manitoba has recently been discussed with the President and Registrar of the University of Manitoba by a committee from the Board. A committee has been appointed to outline the qualifications for a school of nursing advisor for the province. The application form for membership in the M.A.R.N. has been revised.

New Brunswick

The executive council of the New Brunswick Association of Registered Nurses has asked the New Brunswick Hospitals Association that representatives of the two bodies meet for the purpose of discussing proposed amendments to the present Registered Nurses Act, in the interests of improved nursing standards. The executive council has submitted several recommendations for consideration by the board of examiners; among them are that registered nurses examinations be held at two points in the province and

that candidates who fail twice in supplementary examination shall be asked to rewrite the entire examination. The Association is working on a plan for the appointment of a school of nursing advisor.

Nova Scotia

The Registered Nurses Association of Nova Scotia continues efforts toward obtaining the co-operation of the Halifax City Board of Health in having only registered nurses employed in two of the City Hospitals which, at present, are employing partially trained nurses; in the opinion of the R.N.A.N.S. these two institutions could be used advantageously for affiliate courses by hospitals offering general training. The Association has under consideration the appointment of a school of nursing advisor. A refresher course arranged by the Halifax Branch of the R.N.A.N.S. was so successful that, in future, a similar course will be held annually.

Ontario

The Registered Nurses Association of Ontario is furthering its activities in national enrolment for emergency service, reorganization of registries, and to a study of the distribution of nursing services. Membership remains constant but there are still too many nurses regis-

tered in Ontario who are without the benefits derived from membership in the provincial association.

Prince Edward Island

The Registered Nurses Association of Prince Edward Island held the annual meeting for 1935 in Charlottetown on June 11. In her address, the President made special reference to the studies being carried on by the members of the private duty section and to the development of plans for inspection of schools of nursing.

Quebec

Membership in the Association of Registered Nurses of the Province of Quebec was reported to be two hundred over the same date last year. At present, one of the chief interests of the members is in the endeavour of the private duty group to widen the scope of nursing service now available in order to create and develop a type of service that shall be better suited to present day community needs.

Saskatchewan

The University of Saskatchewan has approved the appointment of a school of nursing advisor by the Saskatchewan Registered Nurses Association. It is expected that the appointment will be made in September.

TAKING THE C.M.B.

I have just returned from London, having spent a most interesting year at the Queen Mary Maternity Home, Hampstead, a small but charming hospital belonging to the Queen. The patients are all ex-service men's wives or wives of those now in the Army or Navy. Queen Mary's Needlework Guild keeps the patients supplied with lovely things, Bermuda sends all the dresses and Prince Edward Island provides sweet little woolies. The Queen herself brought this year's gift from Prince

Edward Island, beautifully done up with wheat sheaves covered in silver paper. On the Queen's birthday a trousseau comes from the Montreal branch for the first girl born on the Queen's birthday; she is called "the Mary baby" and Mary is always one of her names.

The Central Midwives Board gives a course of thirty lectures delivered by doctors appointed by the board. It is also necessary to have twenty deliveries to one's credit, fifteen of which must be in hospital and the other five

on the district in the patients' homes. A large number of ante-natal examinations must also be made. A midwife is allowed to deliver normal cases only — in any abnormal presentation a doctor must always be called in. A part of our course was taken in Hackney, in the slums of London; we stayed at a Salvation Army Home and went out from there to do our nursing and deliveries. The poverty among the patients was very great but they were jolly and happy in spite of it. Stories of such make-shifts as having to bathe a baby in the frying pan or in a tin basin with a hole in it, which we had to stop up with a bit of cloth, are literally true. Going to one's cases through a London fog, and walking along by the old

canals, watching the gypsies pass in barges, are thrilling experiences.

Canadian nurses must take a year's course instead of six months unless their school has a special agreement with the Central Midwives Board or their province has arranged for reciprocity privileges in England. In hospital I was not treated as an untrained nurse but for the second six months was put on the staff and given many privileges.

Taking it all in all, taking one's C.M.B. in London is great fun even though very hard work at times, but especially nice when it includes a royal wedding and a Silver Jubilee.

MARDETTE McMASTER
(T.G.H., 1929).



Book Reviews

MOTHER MARIANNE OF MOLOKAI. By L. V. Jacks. Published by the Macmillans in Canada, St. Martin's House, Toronto. 198 pages and index. Price, \$2.40.

This book is a highly objective study of the life and work of a remarkable woman, Mother Marianne of the Order of St. Francis. Its coldness and detachment enhance its value as a historical record; the author adheres throughout to his stated aim of relating facts as they occurred with only such comment as may be necessary for a full understanding. The facts are certainly dramatic enough in themselves. They are concerned with a woman who, at the age of forty-five, embarked upon an extraordinary adventure which was to carry her thousands of miles away from the quiet life of her religious community in Syracuse, New York, to a tropical island in the Pacific in order that she and her religious associates might care for the outcast of the centuries, the lepers. The book gives an excellent outline of the social and political

conditions which, in 1873, prevailed in the Kingdom of Hawaii. A description is also given of leprosy and of the harsh and stupid treatment of the unfortunate people who suffered from it. Brief but poignant reference is made to Father Damien and an account is given of the visit made to the leper colony by Robert Louis Stevenson. To nurses the most interesting feature of this book will be the clear picture which emerges of the slow development of decency, cleanliness, and order due to the unremitting toil and sacrifice of this band of devoted women. The marked administrative ability possessed by Mother Marianne is as remarkable as her courage and tenacity. She had the usual defects of these qualities but she was a good woman and a great nurse. This book should be added to nursing libraries not only for its inspirational qualities but as interesting evidence of the progress which has taken place in the control and prevention of communicable disease.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD: Miss E. M. McKee, superintendent, Brantford General Hospital, is spending her vacation in Montreal.

BRANTFORD: Miss Marion Cuff, Reg. N., has returned to New Kensington, Pa., following a vacation in Brantford. Miss Marjorie Mann was a recent visitor at the Brantford General Hospital.

MARRIED: On June 3, 1935, Opal Verna Duncan (B.G.H.), to Eric Jenner.

MARRIED: On June 17, 1935, Grace Moyer (B.G.H., 1930), to William A. Forrest.

MARRIED: On June 29, 1935, Isabel Timanus (B.G.H., 1932), to Kenneth Cronk.

KITCHENER: The graduation exercises of the School of Nursing of the Kitchener-Waterloo Hospital were held recently; the pins were presented by Mrs. M. Kaufman and the diplomas by Dr. A. V. Brown. The general proficiency prize given by the Waterloo Kitchener-Waterloo Hospital Auxiliary, was awarded to Miss Lillian Vogan; the prize for surgical technique was won by Miss Paula A. Shinn; the prize for obstetrics by Miss Margaret J. Roberts. Following the exercises a reception was held on the lawn. The class was entertained by the Alumnae Association. Those in charge were Mrs. Harry Ashcroft, Miss Irma Pfeffer, and Miss Hazel Murdock, president.

OWEN SOUND: The annual picnic of the Alumnae Association of the Owen Sound General and Marine Hospital was held on July 5, at the summer residence of Mrs. MacMillan, Leith, Ont. Sports were enjoyed by a large number after which dinner was served, under the convenorship of Mrs. Archie Burns.

MARRIED: Recently, Miss Jean McLeod (O.S.G.M.H., 1931), to Mr. Ernest Hutton.

DISTRICT 4

HAMILTON: On June 4, 1935, the annual reunion dinner of the Alumnae Association of St. Joseph's Hospital, in honor of the graduating class of 1935, took place. Brief addresses were given by Rev. S. J. McCowell, Rev. F. Arnold, and Miss H. Heffernan, of St. Elizabeth's Nurses, Toronto. Among those present were: Dr. W. J. Downes, Dr. and Mrs. L. Playfair, Dr. and Mrs. H. J. Sullivan, Dr. and Mrs. W. Jamieson, Dr. and Mrs. R. Fraser, Dr. F. Smith, the Misses F. Roach and H. Webster. Miss Murray, president of the Association, welcomed the guests. Toasts were given to our Sovereign Rulers, Alma

Mater, and the graduating class and, after they had been responded to, a very enjoyable evening was brought to a close. Miss Teresa McCagy, of Hollywood, California, has been visiting friends.

ST. JOSEPH'S HOSPITAL: Among the nursing sisters to receive the King's Silver Jubilee medals were: Reverend Mother Martina, superior, and Sister M. Monica, superintendent of the school of nursing.

MARRIED: Recently, Miss H. Hubble (St. J. H., 1929), to Mr. I. White.

MARRIED: On June 29, 1935, Miss Ailene M. McQuillan (St. J. H., 1933), to Mr. George Fletcher.

DISTRICT 5

TORONTO WESTERN HOSPITAL: Miss Eileen Playle, assistant operating room supervisor, has accepted a position as industrial nurse at the Canadian National Carbon Co. Ltd., Toronto. Miss Flora MacLean (T.W.H., 1928), has left to be married.

MARRIED: In July, 1935, Miss Phyllis Woodman (T.W.H., 1928), to Mr. Robert Lee.

MARRIED: In July, 1935, Miss Kathleen MacMillan (T.W.H., 1929), to Mr. Douglas Chant.

TORONTO: RIVERDALE HOSPITAL: The King's Jubilee Medal was awarded to Miss Kate Mathieson, superintendent of nurses.

MARRIED: On August 3, 1935, Edna A. Blair (Victoria Hospital, London), to Harry L. Edwards.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: The graduation exercises of the Ottawa Civic Hospital were held June 19, when thirty-seven nurses received their diplomas. Mr. J. J. Lyons, chairman of the Hospital Board, presided. The class was addressed by Dr. George S. MacCarthy, representing the medical board, and by Miss Elizabeth Smellie, C.B.E., R.R.C. Following the exercises, tea was served.

Miss Jean Blyth has been appointed nurse in charge of the Physical Therapy Department. Miss Lillian Alkenbrack (Ottawa Civic Hospital 1930), has joined the staff of the X-ray department. Miss Elizabeth Curry (Ottawa Civic Hospital, 1925) who has been in charge of the operating room for eight years, has resigned. Her marriage to Dr. H. B. Kidd will take place shortly. Miss Martha McIntosh, who has been assistant supervisor, has been appointed supervisor in charge of the operating room.

ST. LUKE'S HOSPITAL: In honor of Miss Emily Maxwell, former superintendent of nurses of St. Luke's General Hospital, who was recently made an Officer of the Order of the British Empire, a dinner was held by the graduate nurses of the hospital. Seventy-six members were present including four of Miss Maxwell's class, all of whom have taken a prominent part in the nursing world: Miss Edith Rayside, C.B.E., R.R.C., Miss Eleanor Charleson, R.R.C., Miss Yvonne Baudry, R.R.C., and Mrs. Harris who was associated with the Tuberculosis Association in Ottawa for many years. During the evening, Miss Maxwell was presented with a silver tray from the graduates, also a silver tea caddy from Mrs. J. F. Kidd. Miss Maxwell thanked the members in a few well chosen words.

DISTRICT 10

FORT WILLIAM: The June meeting of District 10, R.N.A.O., was held on June 27. The President gave a detailed account of the Hamilton Convention, after which the guest speaker of the evening was introduced by Dr. Farrer. It is not often that we are privileged to have an out of town speaker, so it

was with real appreciation that we welcomed Dr. E. L. Pope, Professor of Medicine, University of Alberta, Edmonton, who gave an interesting paper on the "Present Day Methods of Nursing Education." Mrs. G. Gould and Mrs. C. Cunningham gave two delightful vocal duets. Miss Wilson passed a vote of thanks, after which a social hour was enjoyed.

FORT WILLIAM: On June 27 a meeting of all public health nurses was held when plans were made for a conference of public health workers to be held early in September. The meeting was in charge of Miss Chivers-Wilson and Miss Gerry.

MARRIED: On June 26, 1935, Miss Doris Coffee (McKellar General Hospital, 1934), to Mr. L. Watkinson.

SASKATCHEWAN

SASKATOON CITY HOSPITAL: **MARRIED:** On July 17, 1935, Miss Gladys M. Millsap (S.C.H., 1933), to Mr. A. H. Finlay.

MARRIED: On July 17, 1935, Miss Lola A. Morrison (S.C.H., 1933), to Mr. J. D. McAskill.

MARRIED: On July 11, 1935, Miss Helen J. Munro (S.C.H., 1931), to Mr. J. F. Reder.

Ergoapiol (Smith)

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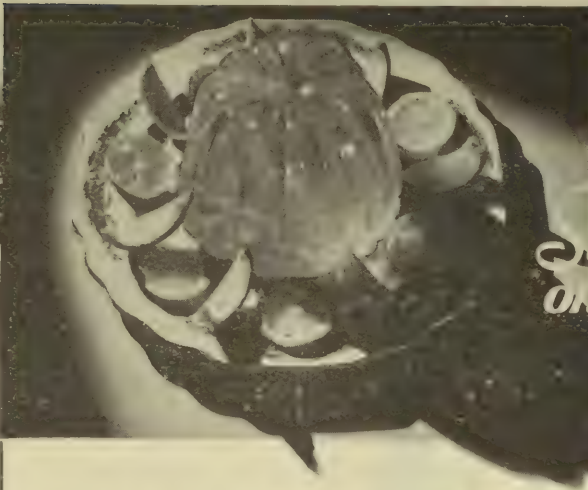
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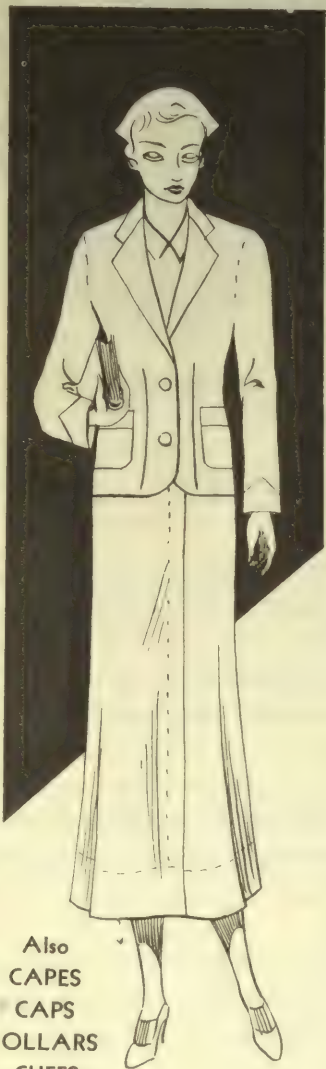
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Brandon Graduate Nurses Association

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Moose Jaw Graduate Nurses Association

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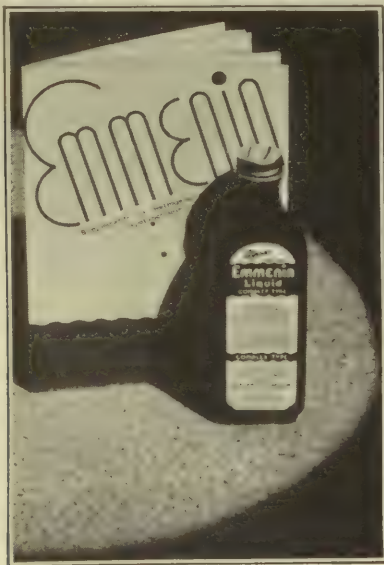
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No. 10

WHY THEY STAY AWAY

Now that the last stragglers are reluctantly getting back to work and nursing association activities will soon be in full swing, it seems appropriate to say a word about meetings in general.

Are meetings worthwhile? A good deal of time and energy is devoted to them, usually by busy women. Is this effort justified in terms of results? To those of us who attended regularly, yes. Considered from a personal angle, most of us enjoy the sense of solidarity which comes from just getting together. Some welcome the impact of new ideas, while others like to stand up for hoary traditions. A few do most of the work and many of us "just belong," after the manner described in verse elsewhere in this *Journal*. Taking it by and large, however, while the old guard grumbles occasionally, they know that nursing organizations do accomplish a great deal of useful work. Why is it then that attendance at regular meetings is not always as large as it should be? Why do many of the younger nurses either stay away altogether or else remain silent and aloof? Not long ago we tackled one of the youngsters and got some first-hand information which is worth thinking about.

The Young Idea

First, let it be made clear that this particular young nurse *does* attend meetings. She is a hard-working member of her own Alumnae Association and takes a healthy interest in her provincial association as well. Furthermore, she is a handsome and popular girl and goes out a good deal so that she is really representative of youth. She thinks that most meetings seem

dreadfully dull to young nurses. The routine business is pretty dry and the reports of committees are rather tame. Some presiding officers are incapable of stimulating discussion and get flustered if a statement is even mildly challenged. Programme committees are not always wisely chosen with the result that dreary "addresses" bring the melancholy proceedings to a close. "If it wasn't for the cup of tea and *the off chance of seeing the other girls* you couldn't get them out at all." But dullness is not the whole story.

Crabbed Age

It appears that there is another reason which keeps the young fry away: "They think that the same lot of old dames always run everything." We make no apology for this frank statement; we invited it; we got it, and we think there is some truth in it. Next month we propose to let the "old dames" say a word and we shall then invite suggestions for betterment from crabbed age and youth as well as from that seasoned group which lies between. We refer to "the older nurses," at least that is the way our young friend described them. We gathered that members of this category are thought to be open to suggestion without being blown about by every wind of doctrine. "They know what it's all about," is the way she put it. The precise age limitations were not made clear but we learned that it is not altogether a question of chronological age: "It's all in the way they look at things," said the young idea, as she dashed away to keep an appointment at her hairdresser's.

NURSING ASPECTS OF RADIOTHERAPY

SADIE A. WILLIAMS, Supervisor, Department of Radiology, Toronto General Hospital

Carcinoma patients who are not treated by surgery alone either have radium therapy, or high voltage therapy otherwise known as deep X-ray. If the former, the treatment is given by means of surface applicators, needles, radon seeds or telerradium. The telerradium apparatus, commonly called "the bomb," contains approximately four grams of radium element. The nurse's responsibility is the care of the patient during and following the different forms of treatment. We must think of radium precautions, firstly to safeguard the patient, and secondly, to prevent loss of the radium itself.

Safeguarding the Patient

To safeguard the patient, it is necessary to be certain that the radium remains in its proper position during the term of treatment. This necessitates frequent inspection of the radium application. The care of the skin preceding and following treatment is most important. Metal base ointments or solutions should not be used during the course of treatment, which means that iodine must not be used for skin preparation for operation purposes. Instead, the use of gasoline, alcohol or similar solutions is advised. Dakins solution (1-4) or Hygeol (1-8) make a satisfactory cleansing dressing for the skin. If packing is necessary, only plain packing is used. Likewise for eye cases, boracic solution and vaseline are applied. For the same reason, carcinoma patients who are also suffering from venereal disease are not treated for the venereal disease during this period.

Preventing Loss of Radium

Nurses have some knowledge of the high cost of radium and, therefore, know that great care must be taken to prevent loss. Radium labels are applied with a slip knot, and then the whole is attached to the skin with adhesive near the site of insertion or application of the radium. Packing, or dressing, must not be thrown away until thoroughly examined to see if

any radium is present. Bed linen should always be shaken thoroughly before being removed from the room. All sweepings should be carefully examined as well. The site of radium should be examined from time to time to see that all needles, packs, or other forms of application are present. As a special precaution, all patients having radium treatment, have radium precaution cards on their beds. Patients receiving telerradium or high voltage also have special charts placed on the ends of their beds, so as to be constantly in view. These serve as a reminder to the nurse that the radium treatment is in progress.

Local Radium Reaction

Normal radiation reaction may be divided into two classes: local and systemic. During the period of treatment, there is little local reaction, but this occurs later. Local reaction is what is expected, and the treatment is not considered satisfactory until it takes place. Physicists think that the dosage should be worked out in terms of mathematics, but radiologists do not believe that to be the correct idea, any more than one would limit the dose of digitalis to fifteen minims. *Local reaction is not a burn*, as many are inclined to call it. The desired skin reaction occurs in about two weeks from the date of treatment. At this time, the skin takes on a rose blush and presents the typical appearance of a severe sunburn. In cases of heavy doses of radium, including telerradium and high voltage, the skin blisters and later breaks and has a serous discharge. This reaction persists for about two or three weeks. During this time, the area should be bathed with a solution of warm boracic, followed by soothing dressings of sterile vaseline gauze. Gradually the reaction subsides, and the tissues heal and become almost normal. By the time healing takes place, six to eight weeks have elapsed from the date of treatment. It is unfortunate that



BEFORE TREATMENT

the nurse who has attended the patient at the time of treatment is usually unable to see the result at this period, as it is at this point improvement is evident, and not at the time of treatment. Nurses see the different stages of treatment in different patients, but there is often not sufficient continuity to give them a concise knowledge of radiotherapy.

When therapy is discontinued, we still find boracic, Dakins and Hygeol solutions most satisfactory for cleansing purposes, but to increase the rate of healing, vaseline gauze or zinc oxide and castor oil (equal parts by weight) is used. In some cases, ten per cent tannic acid in vaseline has been found excellent.

Systemic Reaction

The vast majority of patients receive their course of treatment with little or no systemic change. Others, even one-half to one hour after treatment have nausea, vomiting, headache, anorexia, chills, fever, and in rare cases, prostration. There are several theories advanced as to

systemic change. Some believe it is caused by acidosis, others maintain it does not occur unless the digestive system (involving the vagus nerve) falls into the field of treatment. When the region of the salivary glands is radiated, alterations in the salivary secretions, and in taste and smell are frequently present. When the gastric glands and vagus nerve are radiated, nausea and vomiting result. Still others believe that the reaction in question is caused chiefly by "adulteration of the blood with the toxic substances resulting from the disintegration of the pathological or normal elements destroyed by the radiation." Then again, there may be direct action on the nerves. Radiologists and physicians here admit they do not know the cause of this discomfort, nor why the subsequent treatment given should help the patient.

Treatment of Systemic Change

These patients are similar to pernicious vomiting cases, and should be treated in a rather similar manner. Reassurance of



AFTER TREATMENT

the patient, which naturally promotes co-operation, is probably the most important. All carcinoma patients should be in light, airy wards, with plenty of ventilation. Three to eight patients in wards make a satisfactory number, with acutely ill patients in single rooms. It has been found beneficial to have the patient lie flat immediately following treatment, and to be kept very quiet to assure rest. Free elimination is, of course, very important. The patients, as a rule, have little interest in food, and it is necessary to cater to their whims concerning diet. Fluids of high calorific value should be given in large quantities. Glucose drink is given freely, usually beginning as early as six in the morning, and continued throughout the day. Many patients ask for something sour, complaining that their food has no taste. Grapefruit juice, grape juice, tomato juice, bovril, tea or buttermilk are frequently given. Patients are encouraged to eat lump sugar and hard candy. In severe cases, ten per cent glucose, given intravenously, has controlled the nausea and vomiting.

In oral and throat cases, glycothymoline, or any such solution, used in a spray made more forceful by compressed air and suction, has been found the most satisfactory method of cleansing. In severe throat reactions, we find warm soda bicarbonate irrigations both cleansing and comforting to the patient. These treatments are done at least twice a day, and in between, the patients are encouraged to use any good mouthwash at least every half-hour. In gynaecological cases the usual pre-operative and post-operative routines are followed. Fluid diet is adhered to during treatment. In all cases, after radium is removed, soft diet, or any nourishing combination of foods, which the patient can manage to eat, is given.

Pain, soreness, anorexia or odor, make it especially difficult for these patients to take food. In this way, almost every diet has to be suited to the individual patient.

Social Service

The services of a social service nurse in this department have been most helpful. Her duties are limited to carcinoma patients. As the majority of the patients come from various parts of the entire province, many difficulties regarding transportation present themselves. This problem, together with those associated with diets, drugs, surgical appliances, clothing and home adjustments, are adequately settled by the social service nurse, thus allowing the doctors and staff nurses more time for other duties.

When a patient is discharged, a letter regarding the patient's diagnosis, treatment, and date of return to the hospital, is written by the ward interne to the family physician. A printed circular of information is given to the patient, outlining in detail the type of reaction which may occur, and the treatment to be followed. The patient is also advised to return at once to the clinic, if there is any special reason for doing so. All patients are requested to report back to the follow-up clinic of the department, anywhere from two weeks to two months, unless residing at too great a distance from the centre, in which case, they are expected to report to their family doctor at regular intervals. It is remarkable how well the patients attend the follow-up clinics. They are all given a return card on discharge, and with their keen desire for help, the co-operation of their family physician, and the social service nurse, the number who present themselves for re-examination is increasing daily.

REFERENCES:—McKee "X-ray and Radium Treatment of Diseases of Skin", page 293-294.

AN ICELANDIC NURSE

One of the many advantages of living in a seaport is that interesting overseas travellers must needs pause at one's door. One of these welcome visitors was Miss Sigridur Bachmann, S.R.N., a Red Cross nurse whose work for the greater part of the year lies in an isolated fishing settlement in southern Iceland. Here she gives generalized service to the fishermen who man the trawlers from January to May, when the cod are running in the stormy northern seas. The boats return from time to time to the settlement to unload and during their brief stay on shore the crews live in barracks. Their life, however, is not entirely communal as one would expect; each crew employs a woman who acts as cook and housekeeper, and, in case of illness, as nurse. Miss Bachmann is kept busy with first-aid work and general nursing care as well as giving simple health instruction. The nearest doctor is some miles away and she must meet serious emergencies as best she can, but fortunately the Icelandic Red Cross has provided an ambulance by means of which seriously ill patients can be taken to the nearest hospital. From September to December, each year, the Red Cross Society arranges for Miss Bachmann to visit various parts of the country and to instruct groups of women and girls in home hygiene, bedside nursing and infant welfare. Their response is enthusiastic.

Miss Bachmann is a graduate of the school of nursing of the University College Hospital, London, and also of the course at Bedford College, formerly given under the direction of the League of Red Cross Societies but now transferred to the Nightingale International Foundation. Her visit to Canada was arranged under the auspices of the committee on exchange of nurses of the Canadian Nurses Association and she spoke most appreciatively of her Canadian experiences.

Some interesting glimpses were given us of nursing conditions in Iceland. There

is only one school of nursing, that conducted by the State Hospital at the capital city, Reykjavik. The Icelandic Nurses Association is a well organized and capably directed group which exercises con-



MISS SIGRIDUR BACHMANN, WEARING
ICELANDIC COSTUME

siderable influence over nursing affairs and is called into consultation by governmental and voluntary health agencies. The Association publishes a quarterly journal none the less interesting because it is mimeographed. The editor hopes before long to attain to the dignity of print. Miss Bachmann regretted that our magnificent distances made it impossible for her to visit her compatriots on the Icelandic settlements in Manitoba. We had the pleasure of telling her about the excellent Icelandic women who are Canadian nurses, among them Inga Johnson, R.R.C., who after distinguished war service assumed the direction of the Ice-

landic Old Folks Home at Gimli, on the shores of Lake Winnipeg.

In a description of the proceedings at the International Congress of Nurses in 1933, reference is made to the admission of Iceland to the International Council. Miss Florence Emory, at that time president of the Canadian Nurses Association, welcomed the Icelandic representative and the following charming incident took place:

To mark the occasion, Canada presented to Iceland a beautiful bouquet arranged in the form of the Icelandic flag and composed of

red and white roses and blue cornflowers, the Icelandic national colours. It seemed natural that Canada should welcome Iceland. The men and women of that northern island have made a rich contribution to Canadian life, especially in the western provinces of the Dominion.

The work of the National Committee on Exchange of Nurses will, in a later issue, be described by its chairman, Miss Jean Browne. In anticipation it may be said here, that not the least of its functions is to strengthen the links of international friendship.



LA FETE DE JEANNE MANCE

L'anniversaire de l'arrivée de Jeanne Mance au Canada, le dix-sept mai, est célébré chaque année, dans le grand hôpital dont elle est la fondatrice.

L'Hôtel-Dieu de St-Joseph de Montréal, est aujourd'hui, un groupe d'édifices importants occupant un vaste quadrangle que domine la statue de cette femme héroïque, qu'on peut appeler avec justice, la pionnière des gardes-malades laïques du Canada. Sa gracieuse image, drapée dans sa robe aux plis profonds, se penche sur un soldat blessé, dans un geste infini de pitié et de tendresse; ce monument est le cadre naturel pour la commémoration de sa mémoire.

Le dix-sept mai, les cérémonies commencèrent par la bénédiction solennelle du Très Saint Sacrement célébrée dans la chapelle attachée à l'hôpital. Les voix des Soeurs, chantant les hymnes et les répons de l'Office célébré au grand autel, nous parvenaient à travers la grille avec une pureté et un charme exquis. A la fin de cet acte émouvant de foi, une procession

se forma; les infirmières laïques ouvraient la marche; elles étaient revêtues de leurs uniformes immaculés, avec voiles et gants blancs. En portant les magnifiques couronnes de fleurs offertes par différentes associations canadiennes-françaises, elles défilèrent lentement dans la nef de l'église, suivies par les représentantes des autres groupes de gardes-malades canadiennes-françaises, deux à deux, chacune portant un flambeau allumé, protégé par un abat-jour, sur un côté duquel on voyait un coeur, symbole de celui de Jeanne Mance, et sur l'autre côté une simple croix. La procession chemina lentement le long des hauts murs gris de l'hôpital, jusqu'à la cour d'entrée, où les tributs floraux furent déposés au pied du monument.

Après cet acte touchant, le défilé pénétra à l'intérieur de la maison, dans la vaste salle du département des gardes-malades, où une pièce en un acte, écrite par Mlle Marie-Claire Daveluy fut représentée. Cette pièce intitulée: "Un jour critique dans la vie de Jeanne Mance,"

fut rendue avec beaucoup de dignité, de charme et d'humour, par quatre personnes, dont trois étaient des gardes-malades étudiantes. Le rôle de Jeanne Mance était rempli avec beaucoup de grâce par une jeune fille, laquelle quoique n'étant pas garde-malade, était d'une telle ressemblance avec l'héroïne, que l'auditoire en fut tout saisi à son entrée en scène.

La pièce nous découvrit les moyens ingénieux dont s'était servi Jeanne Mance pour triompher de certaines difficultés administratives qui auraient grandement retardé le développement de son hôpital. La pièce fut rendue avec tant de naturel que les gardes-malades de l'auditoire eurent l'impression que cette scène s'était passée hier; nous avions la vision très nette de Jeanne Mance, garde-malade laïque, en prise avec de grandes difficultés, et s'efforçant de trouver les moyens justes pour y remédier. Pour un témoin, au moins, les années écoulées s'évanouissaient, et Jeanne Mance vivait sous ses yeux.

Un peu avant la cérémonie, nous avions fait la visite de l'hôpital et nous

avons vu dans la pharmacie, les pots bleus et blancs, de faïence, apportés de France, par Jeanne Mance. Quelques-uns de ces pots sont encore en usage; dans l'un de ceux-là, on conserve le miel dont on se sert pour les prescriptions pharmaceutiques. — Peut-être, que Jeanne elle-même, si pratique, s'était-elle servie de ce même pot? — Aussi, gentiment, nous l'avons effleuré du bout du doigt.

Au retour, tout naturellement, je repris le chemin du monument. La lune dans son plein, et tout à côté, une étoile brillante, s'élevaient lentement dans la nuit. Sous l'ombre du dôme de l'église, se dessinait la statue illuminée des rayons lunaires, tandis que la brise de mai déployait les plis du drapeau de France, la bannière de Jeanne Mance, la première garde-malade canadienne. E. J.

(Editor's Note: This article originally appeared in the July issue of *The Canadian Nurse* under the title of "The Festival of Jeanne Mance." The Reverend Sister Allard, Hospitalière-en-chef in l'Hôtel Dieu in Montreal, has kindly translated it for the benefit of our French readers.)

ANNUAL MEETING IN NOVA SCOTIA

The annual meeting of the Registered Nurses Association of Nova Scotia took place on July 4 and 5 in Halifax with the president, Miss Lenta Hall, in the chair. The Mayor of Halifax welcomed the sixty members who were in attendance and, after an address from the president in which she reviewed the year's activities, a number of interesting reports were received. The registrar, Miss M. Graham, pointed out that membership had now reached the highest point ever attained and now comprises 787 members of whom 566 are in good standing. The

Association has now branches in Halifax, Pictou, Antigonish, Cape Breton and Valley respectively. It is expected that a sixth* branch will soon be organized in Cumberland-Colchester county. All the branches gave excellent accounts of their activities. Miss E. Browne, convener of the committee on enrolment of nurses for war or disaster, was able to report an increase from 35 to 96; the quota from the province is 175.

The officers of the Association for 1935-1936 are as follow: President, Miss Lenta Hall; first vice-president, Mrs. C. F.

Gillis; second vice-president, Mrs. C. M. Ryan; third vice-president, Miss A. W. Foster; recording secretary, Miss Ruth Hart; *Conveners of Committees*: Public health, Miss M. Buchanan; private duty, Mrs. E. M. Haliburton; nursing education, Miss V. I. Winslow; program and publication, Mrs. I. D. Nickerson; legislative, Miss M. Haliburton; advisory, Sister Anna Seton; Library, Miss S. A.

Archard; arrangements, Miss F. Cliff; Red Cross, Miss E. Browne; nominating, Miss H. A. Purtil; *Councillors*: Halifax, Mrs. E. M. Haliburton, Mrs. H. Hall; Pictou, Miss R. Enman, Miss P. MacDonald; Antigonish, Miss R. Chisholm, Sister M. Peter; Cape Breton, Miss A. Martin, Miss M. Bates; Valley, to be appointed.

THE NATIONAL SCHOLARSHIP

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association

Through the courtesy of Miss Olive Baggallay, secretary of the Florence Nightingale International Foundation, the *Journal* has been provided with a full account of the ceremony which marked the presentation of certificates to twenty-one students drawn from thirteen countries. These students are the first to complete the course under the auspices of the Foundation and it promises well for the future that, without exception, all made excellent records.

Naturally we point with pride to our three Canadians. Only three out of twenty-one students achieved distinction throughout the whole course and two of these are Canadians: Miss Gretta Mackay Ross and Miss Jean I. Masten. To add to our laurels, Miss Elizabeth Smith achieved distinction in hygiene and psychology. Miss Christine Murray not only obtained distinction in psychology but was chosen as spokesman for the entire student group at the presentation ceremony. Miss Jean Gunn, who was present, reports that Miss Murray bore herself in a manner worthy of the audience and of the occasion. Excerpts from her address follow:

It is my privilege this afternoon to express the thanks and appreciation which we feel towards those who have done so much to make this year a happy and successful one. It has brought to us a variety of experiences, the full value of which we shall not realize until

we are at home, solving our own individual problems. Now the end has come, and this occasion is for us one of great joy and sorrow: joy because we are going to our homeland, and sorrow because we are parting with new-found friends.

We came from many parts of the globe, with different languages, customs and backgrounds, but with a singleness of purpose to prepare ourselves for further service in the field of nursing. We have lived under one roof as a miniature League of Nations. We have had our discussions, but no one has seceded, and the interchange of ideas has given us a wider view and a clearer conception of nursing in other countries.

We are the first class to study under the Florence Nightingale International Foundation. We are greatly indebted to those who conceived and inaugurated this memorial, and to the League of Red Cross Societies which originated and sponsored these courses in former years. Everywhere we have been graciously received. The hospitals and public health departments have opened wide their doors, and with great patience have explained to us their methods and answered our many questions. The members of the staffs of Bedford College and of the College of Nursing have given unstintingly of their time and have had great understanding of our many problems. We are greatly indebted to them for the help which they have given us.

The distinguished gathering was presided over by that staunch friend of nurses, Sir Arthur Stanley, and numerous and delightful social functions marked the happy event.

The attention of the members of the Canadian Nurses Association is drawn to the announcement of the scholarship award for 1936-1937 to be found elsewhere in this issue of the *Journal*. It is hoped that keen interest will be demonstrated by a large number of applicants competing for this interesting opportunity for postgraduate study under the auspices of the Florence Nightingale International Foundation. The following long list of donations to the Fund is encouraging evidence of the fine support which Canadian nurses are giving to this international project:

Alberta

A.A., Edmonton General Hospital ..	\$ 5.18
Graduate Nurses Association, Lethbridge	10.00

Manitoba

A.A., Children's Hospital, Winnipeg.	10.00
A.A., Misericordia Hospital, Winnipeg	10.00
A.A., St. Boniface Hospital	25.00
Undergraduate Staff, St. Boniface Hospital	10.90
Graduate Staff, Brandon General Hospital	4.00
Graduate and Undergraduate Staff, Dauphin General Hospital	3.80
Graduate and Undergraduate Staff, Freemasons' Hospital, Morden ...	3.00
Nurses, Deer Lodge Military Hospital, Winnipeg	3.00

Graduate and Undergraduate Staff, Neepawa General Hospital	2.00
Central Tuberculosis Clinic Staff, Winnipeg	2.50
Bureau of Child Hygiene, Nursing Staff, Winnipeg	1.50
Nursing Division, Provincial Department of Health, Manitoba	15.25
Nursing Staff, Hospital for Mental Diseases, Selkirk	3.00
Nursing Staff, Teulon Hospital	2.00
Graduate Staff, Vita Hospital	2.00
City of Winnipeg Tuberculosis Nurses	1.50
Nursing Staff, Winnipeg Public Schools	4.00
Graduate Staff, Winnipeg General Hospital	58.50
Nursing Staff, Social Service Department, Winnipeg General Hospital .	2.00
Nursing Staff, Ninette Sanatorium, Ninette	9.00
Group of Private Duty Nurses	4.25
Miss S. M. Wright50
Mrs. S. G. Kerr50
Dr. and Mrs. D. A. Stewart, Ninette.	1.00
Student Nurses, Winnipeg General Hospital	8.00
Miss Viola Leadlay	2.00
Miss M. Kingerski50
Miss Margaron50
Miss J. Parenteau50
Miss M. Skinner50

Nova Scotia

A.A., St. Martha's Hospital, Antigonish	10.00
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AN EXCELLENT CHOICE

Great interest is being shown all over Canada in the health insurance measures which are contemplated by the Provincial Government in British Columbia. The policy of inaugurating health insurance has already been adopted and the government is now seeking to have the best scheme possible. As one means of doing so, the Provincial Secretary, Hon. G. M. Weir, has announced the appointment of a committee on health insurance, the personnel of which is as follows:

Percy R. Bengough, general secretary, Vancouver and District Trades and Labour Coun-

cil; Miss Grace Fairley, R.N., superintendent of nurses, Vancouver General Hospital; Grant Fleming, M.D., professor of public health, McGill University; J. H. McDonald, prominent industrialist, and member of the executive committee of the Canadian Manufacturers Association; E. W. Neel, president of the British Columbia Hospitals' Association. Allan Peebles, Ph.D., technical adviser to the Provincial Government on health insurance, will act as chairman. The consultants who will aid the committee are H. M. Cassidy, Ph.D., director of social welfare for British Columbia; Mr. C. F. Davie, K.C., of Duncan, chairman of the 1929 British Columbia royal commission on health insurance and maternity benefits; J. J. Gillis, M.D., M.L.A., of Merritt;

Arthur K. Haywood, M.D., superintendent of the Vancouver General Hospital; Hon. George S. Pearson, minister of labour; Mrs. Helen Douglas Smith, M.L.A.; Mr. E. S. H. Winn, commissioner of the Workman's Compensation Board; H. E. Young, M.D., provincial health officer.

Hearings will be held in various parts of the province at which the proposed legislation will be thoroughly discussed. The committee will thus be in a position

to offer expert advice when the proposed measure comes up for consideration at the next session of the Legislature. It is highly satisfactory to know that an outstanding nurse, Miss Grace M. Fairley, has been chosen as a member of this important committee. The choice is a tribute not only to Miss Fairley but to the profession of which she is so distinguished a member.

ON THE TRAIL OF ADVENTURE

Aden,
October, 1915.

Dear E.,

We are living in a perfectly wonderful bungalow. Part of it struggles up a cliff and part is perched on a ledge halfway up the crater of a volcano, which I devoutly hope will remain extinct. Rooms are scattered all over the place and after we had been in possession a whole month, I discovered an entirely new one. The view is marvellous, right over the native regiment lines and a mosque at our feet, to the native town beyond. Away in the distance is a big crack, where presumably the volcano decanted itself into the sea, bubbling up into a tall spiky island. At the proper intervals the muezzin betakes himself to the minaret and the call to prayer sounds musically abroad:

*I bear witness that there is no God but God.
I bear witness that Mohammed in the prophet
of God*

Come to prayer,

Come to salvation.

There is no God but God.

Wafts of incense from the native houses reach us now and then, and the clamour of the bazaar far off is a subdued hum. We sleep on a big square bit of roof and the nights are wonderful under the stars. Occasionally an Arab funeral winds its way up to the Main Pass above us and we see the lanterns and hear the chant on the road below.

We landed in Aden with a warm welcome and stayed with our special friends the T's. in Tawahi while our fate was being decided. Then Government swept A. up and deposited him here as civil surgeon and jail superintendent. He is busy all day, for private patients

pour in and if he is dull he can write letters to himself. The civil surgeon objects to a man being flogged—by orders of the magistrate—and the jail superintendent wants to know why, and there is much correspondence between the two offices. In other departments the same game is played—Mr. T. as chairman of the port trust sells some grain to himself as chairman of the Aden Settlement, the grain is bad and the two offices correspond at length.

While A. is in hospital in the morning, I don't topi and dark glasses, and with a big sun umbrella betake myself to the bazaar. Here I am known as the "Hakim's woman", and Bedouins stop their chains of camels and pass me through with a flash of white teeth and a cheery greeting. Generally a black-shrouded figure taps me shyly on the shoulder with the whispered question "Where are you going?" and when I reach my destination there are several of these figures and we are almost a procession. We enter the door of a native house and are welcomed into the women's quarters. The figures divest themselves of their shrouds, disclosing brilliant garments and much jewellery, and we sit round while looban is burnt, filling the air with a heavy sweet fragrance; and we drink coffee which seems all sugar.

I am greatly in demand at weddings and revel in the wonderful colour of the women's dresses, augmented by sunlight pouring through windows of coloured glass. It being unusual for European women to go to these functions, and *ghari wallah* refused to leave me alone till I had got one of the men of the house to explain that all was well. Sometimes I go shopping in an Indian merchant's store.

Bales of shimmering silks are laid before me, while round me stand Arabs keenly interested, and full of arguments as to prices. In an inner room there may be a high-born lady whose slaves show her the goods—and I am requested to step in and be questioned.

In the afternoon the whole world sleeps, to rouse to activity again at tea-time. Then A. and I, in the faithful old Rover, go off to see patients or play an occasional round of golf on the mud links at Khor Kaksur. Sometimes we spend a night at Tawahi and motor out in the early morning to Goldsmohr valley where we bathe in a sea that caresses with cool warmth, till the sun sends us home to *chota hazri* on the verandah. Or it may be a moonlight picnic with Elephant Rock silhouetted against a silver sea and Shum-shum and his attendant peaks towering darkly behind us. At night after dinner, our friends, both Arab and European come to call and we sit on the roof and hear strange tales. On Sundays there is less hospital work and we go to the evening service in Tawahi and afterwards have dinner with Dr. Y.

Out at S. . . . our hospital and bungalows are once more in British hands though badly battered, and the former is a casualty clearing station, for S. . . . is the front and our local war continues.

We had a thrilling time the other day for A. was given the Kaisiri-Hind medal for public services in India, only they were in Arabia! There was a Durbar and the Resident pinned it on while everyone made pretty speeches. It was really a man's party but K.T. and I were allowed to be there and I was a shining example of the proud wife.

This correspondence must now cease.

L.

Dalhousie, India,
June, 1918.

Dear E.,

Don't we just flit about the map! A. is on sick leave and we are here sampling some hill air. We crossed in the *Nellore* to Bombay and put up in a hotel while A. was poked about, X-rayed and questioned, and finally ordered to the hills for a spell. Luckily for us our friends the M's. from the Mission were coming up here; he as chaplain to the troops, so we were able to join forces. They came on first to get dug in, and we followed leisurely. We nearly frizzled up entirely on the train before we reached Agra, but forgot our sorrows when the C's. met us and took us to the Railway Rest House for the night. After dinner on the verandah a carriage and pair arrived, and we had the experience of a lifetime, for we saw the Taj Mahal, and by

moonlight. It's just everything lovely you ever dreamt of, frozen into marble. We wandered about for ages and were back next morning to see it at sunrise. First silver and blue, then glowing rose and gold.

After breakfast we prowled round the Fort with its red sandstone base crowned with white marble buildings, like a bit of fairyland come true. We were loth to leave by the night train, especially as A. and I had to part company, he to a carriage full of young army officers, and I to a "ladies only", which contained one English woman of a fractious turn of mind, one Moslem lady of an inquiring one, and three Parsees who chattered incessantly the whole night. We stopped at Delhi for a spell and I peeped out through a chink in the closed blinds (the Moslem lady being strictly purdah) at a seething mass of clamorous humanity.

We reached Amritsar in the early morning when A. and I joined forces again and betook ourselves to a hotel for the day. We visited the Golden Temple, rather garish after the marble loveliness of the Taj, and drove through the bazaar. At night we journeyed on once more, this time together, to Patankot which we again reached in the early morning. The railway stopped here and we packed ourselves into a motor car for the most hair-raising drive up to Dunera. The road wound up the mountains with a precipice down one side and up the other. The driver kept the motor horn in his pocket and sounded it when he had time, which was seldom, as we tore round corners on two wheels.

To our huge astonishment we arrived at Dunera intact and spent the rest of the day in a distinctly moth-eaten Rest House, issuing forth at intervals to view the gorgeous country. About 10 p.m. the dhoolies and their bearers fetched up and with much vociferation A. was packed into one and I into the other and we resumed our journey. It was a wonderful night. The dhoolies were most comfortable and the rhythmic chant of the bearers as they trotted up the steep path was most soothing. At intervals we were set down while our men rested and smoked, and each time it was a little higher up and the air was a little keener. Then came the dawn over snow peaks and slopes covered with pines. Monkeys threw themselves from branch to branch, birds twittered, shrieked and chattered, the bearers sang louder and I lay entranced. We got to our destination about 6 a.m.; a bungalow perched on a ledge 7,000 feet up. In front was a pocket handkerchief of lawn, then a valley 3,000 feet below, while pine trees sheltered us from the winding path behind. In a cave under the bungalow a

panther and her family keep house, but she is discreet and we never see her. The big grey monkeys gaze at us mournfully from the deodars, then swing themselves down and down leaving a moving pathway like the wake of a ship.

A. and I take early morning walks up the steep hill paths, meeting duffle-clad hill folk and now and then a mountain pony. Here and there through the trees we catch glimpses across mountain tops to the still higher snow

in the far distance. Sometimes we haunt the bazaar and visit shops like that of the Healer of Pearls in "Kim", full of countless treasures piled up in careless heaps. In the evenings we sit round a wood fire, and chat, while, now close at hand, now far off, an indefatigable bird—probably an owl, utters two short metallic notes. The world seems far removed, and we are content.

Ever yours,

L.

[*Editor's Note:* These letters were written to a friend by Louie Brice (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses, the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands. More letters will appear in successive issues.]

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION SCHOLARSHIP

A scholarship of the value of twelve hundred and fifty dollars (\$1,250.00) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1936-1937, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, living expenses at Florence Nightingale International House and a small allowance for incidental expenses. Courses are available for either:

- (1) Nurse administrators and teachers in schools of nursing.
- (2) Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

THE EXECUTIVE SECRETARY
Canadian Nurses Association,
1411 CRESCENT ST., MONTREAL

to whom completed applications should be returned not later than January 15, 1936, together with the necessary forms and credentials.

The award will be announced on April 1, 1936.

THE EDITOR'S DESK

Worldwide

In *Notes from the National Office* you will find a stimulating account of the proceedings of the recent meeting of the Board of Directors of the International Council of Nurses. The spirit of our time does not seem to foster a good understanding between the nations and we may have to work hard to preserve the precious relationship which, initiated by enlightened leaders, has been enriched through the years by the ungrudging effort of nurses all over the world. The distinguished Founder of the International Council of Nurses, Mrs. Bedford Fenwick, and its President, Dame Alicia Lloyd Still, must both have felt proud of the spirit which prevailed at the meeting and of the strong determination of all the delegates to stand together in the face of a difficult financial situation. In a world of conflicting loyalties the International Council of Nurses has greater significance than ever.

Readers' Guide

In "Nursing Aspects of Radiotherapy" Miss Sadie Williams, supervisor in the department of radiology in the Toronto General Hospital, gives clear and practical advice regarding the nursing of patients who have a special need of skilful care. This article should be read in conjunction with "Radiotherapy," by Dr. A. D. Irvine, which appeared as our leading article in the September number. Δ We in Canada have recently had the pleasure of welcoming a number of interesting visitors from other lands, and in "An Icelandic Nurse" we introduce you to one of them. Δ We were very proud when we opened *The British Journal of Nursing* and found that "The Festival of Jeanne Mance" was quoted in full. At the request of several of our bi-lingual readers, we persuaded the Reverend Sister Allard, *hospitalière-en-chef* de l'Hôtel Dieu in Montreal, to translate it into

French, a process which has added a distinction not so apparent in the original English. Δ As we must needs face yet another winter in what seems to be an unending depression, public health and visiting nurses will do well to study closely Miss Rose Chambers' discussion of "Minimum Adequate Food Supply." That any such restriction of food should be necessary in a country so rich in natural resources as Canada is one of the many ironies of our economic system. Miss Chambers is the nutritionist of the Montreal branch of the Victorian Order of Nurses for Canada. Δ Miss Katharine MacLennan, who is the assistant of the superintendent of nurses and instructor in the Alexandra Hospital for contagious diseases in Montreal, presents the third and concluding article in a series dealing with the care of patients suffering from communicable disease. Miss Catherine Ferguson, superintendent of nurses at the Alexandra Hospital, believes that *individual* instruction must be given in nursing procedures in order that both patient and nurse may be protected. This method has been described, on our side of the water, as the English tutorial system and might to advantage be carried out in all Canadian hospitals. Δ On the very first page we ask an indiscreet question. If you think you know the answer please come to our assistance. This invitation especially applies to "the old dames" for whom we (naturally enough) cherish a sneaking regard. However, if any of the bright young people who "stay away" would like to say a word or two in their own defence, our pages are open to them. Δ If your spirit of adventure is easily kindled on no account should you read the announcement on the opposite page. However, if you *do* read it it is entirely at your own risk. We cannot be responsible for what might happen to you; you *might be accepted*.

Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

One of the many interesting features of *The Pacific Coast Journal of Nursing* is a department called "Off-Time Thoughts" which is edited by Miss Laura Deacon, chairman of the private duty section of the California State Nurses Association. We have Miss Deacon's kind permission to quote the following verses which she recently used to point a moral and adorn a tale. If we had our way they would be read aloud wherever nurses are gathered together:

Do You "Just Belong"?

Are you an active member, the kind who's liked so well?

or

Are you quite contented with a badge on your lapel?

Do you attend the meetings and mingle with the flock,

or

Sister, do you stay at home and criticize and knock?

Say, do you take an active part to help the work along,

or

Are you satisfied to be the kind that "just belong"?

Do you ever go to visit that good sister who is sick,

or

Leave the work to just a few—then talk about "that clique"?

There's quite a program scheduled that you should have heard about,

and

We'll appreciate if you'll come and help us out.

Come out to all our meetings and help with hand and heart;

and

Don't be "just a member," but take an active part.

Please think this over, sister—you know the right from wrong,

But BE an active member, instead of "Just Belong".

Miss Deacon tells us that she has tried to trace the author in vain. Wherever she may be, we congratulate her on her witty and pungent commentary on a

frailty which unfortunately is by no means confined to private duty nurses.

Just turn to our front page where you will find a pungent commentary on "Why They Stay Away." Are you a bright young thing? Or one of the "older nurses"? Or one of the old dames? In any case, why do you keep quiet? Perhaps you, a private duty nurse, can explain why there is sometimes a brisk discussion over the teacups and chill silence during the meeting. Are there good reasons why we do not speak our mind? If so, what are they?

The Worm Turns

There is a saying that it is a long worm that has no turning and though we would never think of associating private nurses with such a low order of animal life, we do think that there are times when they are justified in saying a word in their own defence. Miss Joy Eby does just that in her letter and then ends up by saying that, hard as it is, there is joy in the task for its own sake.

The articles on private duty nursing have interested me greatly. I appreciate the tales told of graduate versus practical nurses, engaged in private duty. They tally with those I hear continually, no matter where I go, until I am utterly weary of it. Just because people may have come across one or two undesirables they class us all as such. No doubt sometimes we are at fault, but surely not always. Is there any other profession, or other branch of the nursing profession in which one must needs spend from twelve to twenty hours a day with patients (or people) in their weakest, most miserable, most critical condition, and yet be cheerful under both praise or abuse, realizing that the sick are not responsible, and that their friends are overtaxed with anxiety? They forget that we, too, are human beings; but some remember this when the crises are past and their remorse is piteous to behold, while others . . . ? However, I love this branch of nursing. It has its own compensations which I have not the time to enumerate but which every true nurse knows.

Department of Public Health Nursing

MINIMUM ADEQUATE FOOD SUPPLY

ROSE CHAMBERS, Nutritionist, Montreal Branch of the Victorian Order of Nurses for Canada.

Dr. McLester, president of the American Medical Association, declared in his inaugural address to that Association that nutrition is the key to a super-race, yet Paul de Kruif, in a recent article tells of that "other half" in our large cities where children are half-starved and mothers are old women at thirty. "Children of the shadows" is his name for them, but even in the country, where space and sunshine are available, we see babes with the haggard faces of old men and wonder what misery will be theirs before their lives are over. The answer to all this is that economic conditions do not permit the plenty that the newer knowledge of nutrition recommends. The key to vitality and radiant health is wrought of coin of the realm, so pitifully lacking with the bulk of our population. Nevertheless, provision is made to a certain extent for every family in Canada. The effort is made to provide enough so that, *if they know how*, they can obtain those essentials which mean the difference between sickness and health. The tragedy is that *they do not know how* and it is with these less privileged ones that we must make our beginning.

The public health nurse is called upon for practical suggestions and assistance in this as in other phases of living. From her own experience she draws much and from the science of nutrition she is also able to make many applications. Until the last two years "minimum adequate" diets were not so greatly her concern. Families might be called upon to live on a minimum diet during an emergency, but this emergency did not extend over a period of years. Now she must be most exact as to the line she draws between "too little" and "enough." Opinions sometimes differ.

A Safe Guide

We use for our authority the report prepared by the nutrition committee of the Ontario Medical Association. Approximations are never as satisfactory as complete details; nevertheless we presume to give a summary of the report for teaching purposes. Food requirements for individuals of all ages are the outstanding feature of the report, with exemplary grocery orders for three families included. These families are made up of two adults and three children, the children in the first family being below five years, those in the second being between five and fifteen, and the three in the third being adolescent. For the benefit of the busy nurse who needs a simple guide we have taken these three families and found the average amount of each food needed for a family group of five for one week and from this we have found the average amount *per individual in the family group*. A range is given, so that even though in the first group certain foods may not be given to the small children, their presence in the family lowers the average and calculations must be made for the total number of individuals.

As a beginning, the supply of milk necessary for every individual is as follows:

From birth to end of 6 months of age:

1½ pints daily.

From end of 6 months to end of first year:

1 quart daily.

From end of first year to end of fifth year:

1½ pints daily.

From end of fifth year to end of eighteenth year: 1 pint daily.

For adults: ½ pint daily.

During pregnancy the requirement for milk is one and one-half pints, and during the nursing period one quart daily.

Cereals

The bulk of the low-cost food order

must be made up of starchy foods as these are inexpensive sources of calories. This report suggests an average of two loaves of bread per person per week and about one and one-third pounds of bulk cereal, including rice, macaroni and uncooked breakfast cereal. These foods are interchangeable, one twenty-four ounce loaf of bread being equivalent to one pound of cereal, and are henceforth called cereals indiscriminately. The average weekly cereal purchase per individual in a family is, then, about three and one-third pounds. If the children are under five, or there are more than three under ten, an average as low as two and one-third pounds may be used, while with adolescents or more than two adults the purchase may go as high as four and one-third pounds per person. At least a third of this purchase should be of the whole grain variety.

Potatoes may be substituted for part of this cereal food, but not *vice versa*. The potato, in addition to the starch it contains, is essential in quantity for certain building and protective factors which the cereals do not provide. The average purchase should be about three and one-third pounds per person per week, the range being, with families varying as described above, from two and one-half to four pounds per person per week.

Fruit

Fresh fruit is in many instances impossible in a low cost diet, which fact makes a source of vitamin C one of relative importance in our discussion. Unfortunately many people fail to realize that raw or canned tomatoes may be substituted wholly or in part for fresh fruit. The Ontario Medical Association suggests one pound of the latter and one-half pound of the former per week, but Miss Lillian Anderson, in her paper for the National Conference of Social Work, suggested that where this is not possible one might rely upon a full pound of tomatoes to provide the protective requirement of this vitamin. A number two can

contains two pounds and the canned ones should be selected when the fresh ones are more expensive. On the other hand, dried fruit is the equivalent, in everything except vitamin C content, to four times its weight of fresh fruit and is much less expensive. To provide necessary minerals and roughage an average of from one-fifth to one-third pound per person per week is advised.

Green Vegetables

Returning to our discussion of vegetables, of which we have mentioned only potatoes, we have to consider green leafy vegetables, root vegetables and legumes, the later for the most part dried. In the first group cabbage, lettuce, spinach, beet greens and green beans are interchangeable, but one or the other, depending upon the cost, should be included each week in the family grocery order to the extent of from one-half to one pound per person. In addition to this, root vegetables should be included to the extent of from one to one and one-half pounds per person. Legumes serve as a substitute for the more expensive animal foods because of their high protein content, and are included to about the same average as dried fruits, the range being about one-fifth to one-third of a pound depending upon the group.

Other Essentials

This completes our requirement of the first three groups of foods, milk, cereals, fruits and vegetables and leaves the so-called protein foods and the fats and sweets yet to be considered. As to function, no dividing line can be drawn between these groups since most of the natural food materials within each group contain each of the essential food-stuffs in varying proportions. Thus, while they are in large proportion carbohydrate, cereals contain a small proportion of protein that is of relative importance in a low-cost dietary. In addition they contain a small amount of fat if the whole cereal is used. Vegetables, in addition to the protective and regulating qualities for

which they are particularly specified, are many of them rich in carbohydrate and make appreciable contributions toward the protein supply. We have already mentioned the relatively large contribution made by legumes in this respect.

Unfortunately, animal foods are expensive, and for this reason their use

to the extent that cost permits, one dozen approximating one and one-half pounds.

We complete our list of essential foods by considering fats and sweets. Ostensibly these are for the purpose of supplementing the calories already provided and giving that feeling of satisfaction and well-being that is part of their func-

AMOUNT OF FOOD PER PERSON PER WEEK

	Average	When Group Contains	
		3 or more children all under ten	Only adolescents and adults
Milk.....	See table above	See table above	See table above
Bread.....	2 loaves plus	1 1/3 lbs.	2 1/3
Bulk Cereal.....	1 1/3 lbs.	1	1 1/2
Total.....	3 1/3	2 1/3	4 plus
Potatoes.....	3 1/3	2 1/2	4
Tomatoes.....	1/2	1/2	1/2
Root Vegetables.....	1 1/2	1	1 1/2
Leafy Vegetables.....	4/5	1/2	1
Dried beans and peas.....	1/4	1/5	1/3
Dried fruit.....	1/4	1/5	1/3
Fresh fruit.....	1	4/5	1 1/5
Liver.....	1/4	1/5	1/3
Meat.....	1	1/2	1 1/2
(or eggs substituted 1 doz. replacing 1 1/2 lbs.)			
Fish.....	1/5	1/10	1/3
Cheese.....	1/4	1/10	1/3
Butter.....	1/2	1/3	4/5
Lard or dripping.....	1/5	1/10	1/3
Peanut butter.....	1/6	1 oz.	1/5 lb.
Molasses.....	1/2 pt.	1/2	3/5
Sugar.....	1/2 lb.	2/5	3/5
Cocoa.....	1/2 oz.	1/5	4/5
Cod Liver Oil.....	1 oz.	2 oz.	4/5 oz.

must be limited in the low-cost food supply if we are to avoid deficiency of some other food-stuff. The Ontario Medical Association report suggests that the following, in addition to the foods mentioned above, will give an adequate amount of protein:

Beef or pork liver: An average of one-quarter pound per person per week, the range being one-fifth to one-third.

Cheese: An average of one-quarter pound, the range being one-tenth to one-third.

Fish in amounts as for cheese.

Muscle meat to the extent of one and one-fifth pounds, the range being one-half to one and one-half.

Eggs may be substituted for the muscle meat

tion; actually the housewife can add to her provision of building and protective foods if she selects wisely. Butter is expensive, but because it is a rich source of vitamins it should be included to the average extent of one-half pound per person per week, the range being one-third to four-fifths. Additional fat is provided by the inclusion of lard, shortening or beef dripping to the extent of one-fifth pound (one-tenth to one-third) and of peanut butter (which supplements the protein and minerals) to the extent of one-sixth pound, that is from one ounce to one-fifth pound.

Granulated sugar provides nothing but fuel. Therefore it is suggested that only about one-half pound per person per week be purchased, the rest of the sweet-stuff consisting of molasses (preferably) or honey, jam or corn syrup to the extent of one-half pound. Cocoa is also included in this list, the average being one-half ounce per person, the range being one-fifth to four-fifths ounce. Cocoa is not given to children under six. Tea, coffee and condiments, with the exception of salt, are not considered necessary because of nutritional value but are usually desirable for the sake of mental well-being and contentment. Allowance must be made for their purchase, but a note of warning must be sounded in case real

food value is being sacrificed in their favour.

Conclusion

The most satisfactory method of making use of this standard will be by checking the grocery list in present use, commending where the buying is wisely done and giving suggestions where the amount of food purchased is unsuitable. It is fully realized that many families have not the wherewithal to purchase the material named. Nevertheless it is hoped that by using this guide nurses may be able to help in the adjustment to reduced circumstances. For convenience a summary of the suggested amounts follows in tabulated form, with the exception of milk, which must be calculated as shown above.

[EDITOR'S NOTE: On page 480 further information will be found concerning the refresher course in Nutrition sponsored by the Public Health Section of the Association of Registered Nurses of the Province of Quebec, which is to be given during October.]

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Department of Nursing Education

TEACHING THE CARE OF PATIENTS SUFFERING FROM COMMUNICABLE DISEASES

KATHARINE M. MacLENNAN, Assistant to the Superintendent of Nurses and Instructor,
Alexandra Hospital, Montreal.

The first article of this series, which appeared in *The Canadian Nurse* in July, 1934, related the history and development of the nursing of patients suffering from communicable diseases. The second article, written by Miss Jamieson and published in January, 1935, described in detail a specific example, the nursing of a case of scarlet fever. In this, the third article of the series, I hope to show the various methods by which nursing care is taught, and to prove that the nursing of these diseases is an integral part of the work of the graduate nurse in any of the three principal branches of nursing service, and that it should, therefore, be considered as an essential part of the education of every student nurse.

Opportunity to Learn

In most large hospitals to-day student nurses are expected to learn something about communicable diseases by taking a course, either in a special department of their general hospital or in a hospital specializing in this work where practical experience as well as theoretical knowledge can be obtained. The value of such a course is becoming recognized, and each year a few more nursing schools apply for affiliation. Yet even where affiliation is arranged, not every student is released by the parent school in order to take it, or there may be some students who, unfortunately, do not get this experience because they have a positive Dick test, or because it is thought that their general health is not good enough, or that they have unsatisfactory throat or skin conditions. Such reasons suggest the question: why are student nurses with abnormal conditions accepted into the school, or

allowed to complete their undergraduate course? Be that as it may, the great majority of students do not have the advantage of being taught the treatment in nursing care and prevention of communicable diseases. Statistics, gathered in 1932 by the Grading Committee in the United States, and based on records of 15,000 student nurses, show that 76 per cent spent one month or less at this work, and that only six per cent spent as much as two months. In Canada these data have not been obtained, but it is likely that Canadian statistics almost parallel those of the United States.

Pre-requisites

The question frequently arises as to when the student nurse should receive this course. There are certain pre-requisites, both of practice and of knowledge. Experience in paediatrics and in operating room technique is naturally desired before a nurse is given this affiliation. The majority of patients affected with acute communicable diseases are children, and the varieties of nursing procedure, applied to paediatrics, differ greatly from those of adult nursing. It is, therefore, important that student nurses should have completed their experience in paediatric nursing before being assigned to this service. By knowing how to care for children, the nurse is better able to protect herself, and thus to protect the patients for whom she cares. An excuse which is sometimes given, "the child coughed in my face," should not be accepted, because, with proper handling and thorough understanding of the habits of children, this accident should not occur.

By having been trained in surgical asepsis, the nurse is better able to grasp the principles of medical asepsis and to cope with the constant danger of cross infections. If she knows what is meant by "sterile" and "unsterile" she can understand more readily the difference between "clean" and "contaminated." Since it is generally admitted that student nurses learn a great deal from each other, when they return to their own hospitals, they will carry back this conception with them. It is, therefore, desirable that they should obtain this experience as soon as these pre-requisites are secured, and in time for the students to be of use in their own schools. This would probably place affiliation in the latter part of the second year.

Clinical Experience

It goes without saying that adequate experience and teaching are afforded only where there is sufficient clinical material. The special department of a general hospital, or a hospital specializing in this work, is the ideal centre for teaching, because in the wards there are patients suffering from all the various infectious diseases, such as scarlet fever, diphtheria, measles, mumps and whooping cough. The student nurse learns by practical experience, closely linked with theory, how to care for such patients. What is taught in the classroom can always be applied on the wards.

Throughout Canada there are many graduate nurses who have gained their clinical experience, often at the expense of the patient, in general wards, in out-patient departments and in community work. They are obviously at a disadvantage, as such experience is at best limited and helps them merely to recognize the disease, not to apply the proper nursing care which is necessary both in the disease and in its complications.

Preventive Aspects

It would mean much to Canada to have an adequate supply of graduate

nurses competent to detect and deal with communicable diseases, whether they are public health nurses or engaged in institutional work or private duty. For example: a school nurse notices a child coughing and sneezing; the trained mind suspects measles and looks for Koplik spots and the rash. A child complains to the school nurse of nausea, vomiting, and sore throat; the trained mind suspects scarlet fever and is able to save other children from being exposed to the disease. In a hospital a rash is reported to the nurse-in-charge of the ward; if she has studied communicable diseases, she will take the precaution of isolating the patient before the doctor arrives, and so may protect other patients from becoming infected. It is surely an ideal for medical asepsis to be carried out rigidly with all patients for two weeks after admission. However, if this is looking too far into the future, it should at least be carried out on all children's wards, for their resistance is lower than that of adults, and having one disease lessens their resistance to another.

Until this ideal of medical asepsis can be realized, nurses, enabled by thorough training to recognize a communicable disease and fully aware how the disease is spread, can protect a ward in some measure at least from the risk of exposure to infection. Again, the nurse doing private duty observes a child whose difficult breathing might have been thought to indicate croup: her training in communicable diseases, and her constant watch on the patient in order to note absence of spasms, enables her to recognize laryngeal diphtheria and so to save valuable time in checking the disease.

Duration of Course

It has been found difficult to plan for the student nurse to have more than two months of experience during the three-year undergraduate course. All teachers of nurses realize that no student nurse can learn all she should know in this

short period; but, on this side of the water, we consider that it is more beneficial for many students to get at least some insight than to confine opportunity to a very few.

In this hospital our course is of two months' duration. Until three years ago we had three services: scarlet fever, diphtheria, and mixed diseases, and of her sixty days the student nurse spent twenty in each service. Since 1933 we have had

student and other patients as well, supervision must be rigid and constant. Until the student nurse has become accustomed to our methods, she may unconsciously break her technique, contaminate herself, or be responsible for the transfer of pathogenic organisms from one patient to another, and the latter, because of lowered resistance, may develop the second disease.

On the other hand, we feel that in a



Several important points are brought out in this illustration. The instruction is individual in character; equipment is simple and is confined to essentials; economy is affected even in such details as the amount of solution which is prepared; the head nurse giving the demonstration is gowned but the onlooking student stands in such a posture that she is not in contact with the patient and therefore wears no gown.

only two services, scarlet fever and mixed diseases, for diphtheria is fast disappearing and only an occasional case is admitted. Our aim now is to give the students thirty days in each service. As communicable diseases are for the most part seasonal and occur usually during the winter months, fewer students are accepted during the summer.

Supervision

In any hospital supervision must be rigid because of the standard which must be maintained. In a specialized hospital dealing with communicable diseases, where there is a known risk to the

hospital such as ours where each patient is considered infectious and where every precaution is taken to safeguard the health of the students, there is less danger than in a general hospital where such risk is not so readily thought of. In any hospital offering affiliation facilities there will certainly be problems regarding supervision. In one class there will be student nurses from a number of general hospitals of varying size and with probably varied standards of nursing. It requires tactful teaching and supervision to construct a uniform system that will make each student nurse feel that she can

apply the nursing principles previously taught her and adapt the practice of medical asepsis to them. No two nurses, coming from different schools, will carry out any procedure in exactly the same manner — for example, making a bed — for this reason many details have to be overlooked. For the sake of the appearance of the ward and the carrying out of necessary routine, the work has to be systematically planned and, as far as possible, uniformly carried out, but in no way must the previous teaching be undermined. Because of the brevity of the course, supervision must be constant; it is not uncommon for a nurse, when leaving, to remark that she is just beginning to feel that she knows the routine.

The Tutorial System

At the Alexandra Hospital there is a very close relation between supervisors, instructor, and head nurses. A head nurse is considered to be both a supervisor and a teacher, and the instructor might be called both a supervisor and an administrator. Our practical teaching has been likened to the English tutorial system, for it is done by the head nurse. She is responsible for the continuing instruction of all student nurses on her ward in regard to the application of medical asepsis, the general care of the patient, and the routine work. In addition, at regular intervals, twice a month, usually on the first and fifteenth, the head nurse gives individual instruction to any new students assigned to her ward. It is rare for her to have more than two new nurses at any one time and frequently she has only one. She is therefore much more fortunate than many head nurses in general hospitals in that she has both the opportunity *and the time* to teach. She demonstrates the application of medical asepsis to all the procedures which are used on her ward at the time. Experience cards, which the student nurses take from ward to ward with them, are signed by the head nurse as the procedure is shown; consequently, when the course is over, it

can be very easily seen that the student has had demonstrations of all the procedures. By this method of individual instruction it is felt that student nurses derive more benefit than they would if they were given demonstrations in groups. As on any ward in general hospitals, new treatments are explained in detail.

On the evening when new nurses arrive, the instructor gives a preliminary orientation class and discusses matters relating to the course and its value before and after the completion of the undergraduate course. An attempt is made to dispel any fear of contagion which may be present in the minds of some of the students; by so doing this very fear is used to give student nurses a sense of responsibility for themselves and others. It is of course the duty of the instructors and others in authority to overcome this fear, for it is weakening; nurses must have confidence in themselves and unless they themselves possess this confidence graduate nurses are unable to dispel this fear in others.

Instruction is given regarding ambulance duty. It is the custom at this hospital for a nurse to accompany the ambulance when a child is to be admitted. This experience is considered valuable in many ways: it allows the nurse to get an insight into the home conditions from which her patients come, and it gives her a sense of responsibility in gathering accurate information which is essential from the medical point of view.

The second class given to the students deals with infection; the ways in which organisms enter the body; the effect of invasion; the means of escape. The attempts made to control communicable diseases in a community are all mentioned in a brief review which gives the student a general idea of this particular branch of the work. The third class deals with medical asepsis. A brief historical review is given, a comparison is made between surgical and medical asepsis, and the de-

tails necessary for medical asepsis are considered.

After these introductory classes the students have a "mind set" for the doctor's lectures, which are held weekly for the eight weeks which the student nurses spend with us. These lectures deal with the history of communicable diseases, with scarlet fever, diphtheria, measles and German measles, smallpox and chickenpox, pertussis and mumps, poliomyelitis and meningitis, and with immunity. After each lecture there is a supplementary class conducted by the instructor where the content of these lectures can be discussed and related to the nursing care of these diseases and to their prevention. At the end of the course there is a review of the work, followed by a written examination, after which the superintendent of nurses conducts an oral examination. For the students who have not studied the taking of throat cultures and preparation of slides in their own schools, this class is held. There are in all twenty-four hours of theoretical instruction.

Method

Mimeographed sheets are given to each nurse; these cover the application of medical asepsis to the procedures, the routine care of the wards, and a synopsis of each of the diseases discussed, dealing chiefly with the nursing care. No textbook is used, but our library contains excellent reference books.

In a hospital such as this there is a definite correlation of theory and practice. What is taught in the classroom can be shown on the wards: for example, if scarlet fever is being discussed in the classroom, it can be shown on the wards

as soon as the class is over. During the lectures and classes, reference is frequently made to some of the ward patients so that the nurse can visualize the conditions more easily.

In some hospitals the policy is advocated of reproducing, as far as possible, for purposes of teaching, those home conditions which the public health nurse is likely to find. On the other hand, it may be considered that, if the graduate nurse has thoroughly understood the principles of medical asepsis, she can apply them even without the facilities and conveniences of a specialized hospital equipment. It might even be possible for a graduate nurse, possessing such qualifications, to care for communicable diseases as well as for maternity cases. At the Alexandra Hospital we have the privilege of sending our students with the Victorian Order of Nurses to observe their admirable technique used in caring for a patient suffering from a communicable disease in the home.

The practice of medical asepsis should surely be made known as widely as possible not only to the nurses, but also through them to the public. The nurse should be, to all observers, an example of thoroughness and dexterity in caring for her own health and appearance, and also an example of devotion and skill in caring for the health of her patients.

Plagues need no longer be regarded as an act of God, but as something to be avoided by knowledge and care. The nurse's part in this new enlightenment is coming to be recognized, and through careful training and a sense of individual responsibility each nurse should be prepared to play this part.



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Book Reviews

DIAGNOSIS AND TREATMENT OF SKIN DISEASES, Including the Care of the Normal Skin, by Jacob Hyams Swartz, M.D., instructor in dermatology, Harvard Medical School; instructor in dermatology at the Nursing Schools of the Massachusetts General Hospital and the Beth Israel Hospital, and Margaret Gilson Reilly, R.N., graduate, Massachusetts General Hospital School for Nurses; supervisor of skin diseases, Massachusetts General Hospital; instructor of nurses in dermatology at Massachusetts General Hospital, Peter Bent Brigham Hospital, Children's Hospital, Melrose Hospital, Massachusetts Women's Hospital, Chelsea Memorial Hospital, and Somerville Hospital. 301 pages, with index. Profusely illustrated. Published by The Macmillans in Canada, St. Martin's House, Toronto. Price, \$4.20.

This book differs from other works on dermatology in that it has been produced by the collaboration of a trained dermatologist and a nurse who has specialized for many years in the nursing care of skin diseases. Certainly in this instance collaboration has brought about excellent results for this book is admirable in its content, arrangement and format. Possibly there is no other branch of medicine in which the nurse needs more knowledge and acquires less than in dermatology. This ignorance is a heavy handicap no matter which field of nursing she may be engaged in but in pediatrics and obstetrics may lead to serious consequences. Public health and visiting nurses will find this book a mine of useful information and instructors in schools of nursing should hasten to add it to their reference lists.

An excellent teaching outline is provided in Chapter Four and suggestions are given for case studies. Sensible advice is given concerning the use of cosmetics and the care of the hair and private duty nurses especially will find this section helpful. There is a good chapter on the

eruptions which characterize the exanthemata and sound advice on the treatment of pediculosis and ringworm. The school nurse will do well to study these closely.

MEDICAL AND SURGICAL ASEPSIS. The development of Asepsis and a study of current practice with recommendations concerning aseptic nursing methods in hospitals, by Virginia Henderson. Published by the Bureau of Publications, Teachers College, Columbia University, New York. Price, 75 cents.

A valuable study of medical and surgical asepsis has recently been published by the Department of Nursing Education, Teachers College, Columbia University. The author is Virginia Henderson, instructor in nursing arts in that department, and she is to be congratulated on her thorough and well documented presentation of a subject which is of such importance to the patient and to those responsible for his welfare.

Dr. Jean Broadhurst, Professor of Bacteriology in Teachers College, justly commends the study in these words:

"No practice included in the many procedures involved in hospital and home nursing care is more important than sterilization and no contribution could be more timely than Miss Henderson's descriptive survey of sterilizing procedures which, fortunately, covers two important phases of sterilization: sterilization procedures for various types of situations and a critical study of the various types of sterilizing apparatus and their management.

The text and reference books readily accessible to nurses contain so little first-hand material on sterilization that the bibliographical references will be found unusually helpful, especially as they have been arranged in sections relating to the specific situations on which they are used, such as catheters, hypodermic needles, solutions, bedding, and rooms. This critical study should be available in every hospital; it will be valuable to nurses seeking accepted standards and practices in sterilization and to those searching to improve such procedures."

This book is, of course, valuable to instructors of nurses but it has a far more extended use than that. Operating room supervisors, directors of contagious services and pediatric divisions will find it most helpful and it should be on the desk of every hospital superintendent since it would be a valuable aid not only to the wise selection of sterilizing apparatus but also in the building up of sound techniques.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International

The Canadian Nurses Association, as an affiliated unit of the International Council of Nurses, was represented at a meeting of the Board of Directors of the latter organization by Miss Jean I. Gunn. The meeting was held in Geneva from July 10 to 12, inclusive. Other countries represented were: Great Britain, Germany, United States of America, Denmark, Holland, India, Norway, South Africa, France and Austria. All sessions were presided over by the President, Dame Alicia Lloyd Still. The Founder, Mrs. Bedford Fenwick, was present. The Board of Directors held seven sittings, the final one being held for the purpose of reading, correcting and approving the minutes of all the previous meetings. The following brief summary of the proceedings has been prepared from the splendid report sent to Miss Ruby M. Simpson, President of the Canadian Nurses Association, by Miss Gunn, to whom the Association is most grateful for so ably representing it on this occasion.

At the opening meeting, the Board of Directors stood in silence as a tribute to the memory of their late colleagues, Miss Mary Agnes Snively of Canada, and Miss Astrom of Finland.

The presidential address dealt chiefly with the reorganization of the Headquarters Office during the past two years. Many difficulties had been experienced but with reorganization completed, affairs are being satisfactorily administered. The rate of international exchange has adversely affected the I.C.N. finances. In addition, a number of member associations are not at present permitted to send any money out of their countries; these countries have been advised to collect and retain dues until their laws permit payment to the I.C.N. treasury. A number of member associations are in arrears with

their dues. The estimated membership is 185,000 which under normal conditions would bring in an income of approximately \$14,950.00. This income is considerably reduced owing to the high rate of exchange and the uncertain payments of dues from some member countries and the treasurer reported difficulty in preparing a satisfactory budget. The total estimated budget submitted amounted to \$14,000.00.

The Executive Secretary, Miss Anna Schwarzenberg, dealt in her report with several questions concerning routine management of Headquarters, in connection with which the following policies were adopted:

In reference to standing and special committees, all committee correspondence and work is to be done through Headquarters Office. If for any reason permission is given to any committee to correspond directly with members or member countries, carbon copies of all correspondence sent and of answers received are to be sent to Headquarters. In reference to translations, the present staff at Headquarters are capable of doing most of this work; the Executive Secretary is to decide when expert translators should be engaged.

Reports were received from the following committees: Education; Private Duty Nursing; Nursing Ethics; Publication; Constitution and By-Laws; Membership; Health Statistics; Florence Nightingale Memorial. Mrs. Bedford Fenwick, convener of the last-mentioned committee, presented Headquarters with many valuable reports and historical documents which she had in her possession.

Membership

The following resolutions were adopted regarding membership:

1. After the Membership Committee has carefully studied the qualifications for membership in the International Council of Nurses of a National Association, and is prepared to recommend its acceptance to the Board of Directors, the Association applying should be notified that dues for six months must be paid in advance.

2. An Association for two years in arrears should be notified that unless dues are paid in accordance with regulations, membership in the International Council of Nurses is forfeited.

3. Affiliated Associations when sending dues to the treasurer must report the number of members as of January 1 of each year.

4. Any National Association, the membership of which has dropped below fifty shall be informed that, until the required membership is reached, they may, by the order of the Board of Directors, be permitted an associate national representative.

5. The Membership Committee should study the professional qualifications for admission to the International Council of Nurses with special attention to the different classes of nurses, and other workers such as those with mental training, care of children, midwives, etc. Furthermore, if a National Association now a member of the International Council of Nurses, is receiving different grades or classes of workers, nurses, mental nurses without a nurse's training, midwives without a nurse's training, it will not continue to be eligible for membership in the International Council of Nurses. (The findings of this study will be given consideration by the Board of Directors at the next meeting.)

The following resolution was adopted concerning the Florence Nightingale International Foundation:

That the Board of Directors of the International Council of Nurses approve as the ultimate goal of the Florence Nightingale International Foundation, the establishment of a faculty of nursing education in some educational institution of university status.

International Review

It was felt that the Board of Directors did not have sufficient information to come to any decision as to the continuance of *The International Nursing Review*. In addition, the large sum paid out to settle the accumulated debts of the *Review* left the treasurer short of funds for any new expenditures. It was decided to refer the matter to the publications committee, of which Miss Mary Roberts is chairman. This committee is made up of nurses, engaged in the publication of national nursing magazines, who have expert knowledge of the subject. The publication committee, with the

President and Executive Secretary, will decide what action is advisable.

Co-operation

After some discussion, it was decided that the extent of co-operation with other international organizations should be left to the discretion of the President and the Executive Secretary, it being understood that the International Council of Nurses could only co-operate with other organizations in so far as their policies were identical and harmonious.

Congress in 1937

It was decided that the date of the Congress in 1937 will not be earlier than the second week in July: the Congress is to be held in London, England.

International Foundation

The second ordinary meeting of the Grand Council of the Florence Nightingale International Foundation was held at St. Thomas's Hospital, London, England, on July 2 and 3, 1935. Dame Alicia Lloyd Still presided, and the National Florence Nightingale Memorial Committee of Canada was represented by Miss Jean I. Gunn, who also acted as a delegate from the International Council of Nurses. Other National Committees represented were: Denmark, Finland, France, Great Britain, India, Irish Free State, Latvia, Norway, South Africa, Sweden and the United States of America. Among the visitors invited to attend the meeting was Miss Anna Schwarzenberg, executive secretary of the International Council of Nurses.

The treasurer reported that donations to the Endowment Fund amounted to approximately ten thousand dollars. On recommendation by the solicitors to the Foundation, incorporation was deferred until a later date as it appears that immediate incorporation might impose some restrictions which would create difficulties during the process of organization. Draft by-laws were presented for consideration and after amendments were made, the by-laws were finally adopted.

The membership clause in the by-laws reads: "The Member Bodies of the Grand Council shall be the International Council of Nurses, the League of Red Cross Societies and the National Florence Nightingale Memorial Committees of every country contributing to the Foundation."

It was reported that the recommendations submitted in 1934 by the Canadian Nurses Association to the Grand Council (see *The Canadian Nurse* for September, 1934, p. 423) had been given consideration by the Educational Committee of the Foundation. It has been decided to take preliminary action by having a study made of the facilities for nursing education now existing in London. A committee of four is to make this study, three of whom shall be residents of London, and the fourth, who will direct the study, shall be a nurse from some other country. There are at present twenty countries that have organized National Florence Nightingale Memorial Committees. Most of the countries reporting stated that the National Red Cross Society in their individual country was taking active interest in the project. Norway, Sweden and the United States reported the successful use of the radio as a means of creating public interest.

The following recommendations from the Florence Nightingale Memorial Committee of the United States were presented:

This Committee recommends that the immediate goal of the Foundation should be the establishment of a Chair of Nursing Education and a Faculty of Nursing in the University of London. The functions of such a faculty should be research in nursing education and the development of a broad educational programme.

This Committee considers it essential that the courses offered be much wider in scope than the present courses available in the countries from which the students come, otherwise there will be little incentive for prospective students to assume the necessary financial outlay. It is also believed that the Foundation should offer courses which all countries can

look upon as greatly in advance of existing facilities in the various countries.

It is further recommended that, with the establishment of a Chair of Nursing, the appointee to the Chair should be a nurse with the necessary academic and professional qualifications, and she should become director of the educational programme. It is also suggested that the Foundation arrange for a definite study of the type of courses required by the different countries participating. This seems most essential, as the success of the Foundation will depend upon the support of the various national associations. It is also recommended that elective opportunities be available for nurses from English-speaking countries, or for those possessing a good command of English.

Since the study of the facilities for nursing education in London is being planned, no further action was taken on this recommendation.

At the time that this meeting of the Grand Council took place, eighteen students had enrolled for the International Courses for Nurses at Bedford College for Women for the year 1935-36, of whom three are Canadians: Miss Gladys Sharpe, instructor, School of Nursing, The Western Hospital, Toronto, who was awarded the Canadian Nurses Association Scholarship; Miss Agnes C. Neill, a member of the nursing staff of the Toronto General Hospital, and Miss Gladys Holden, a graduate of the Women's College Hospital, Toronto, who has been attached to the Zenana Mission in India since 1923.

From South Africa

The following kind and appreciative letter has been received by the Executive Secretary from Miss T. M. Rees, Matron-in-chief of the Southern Rhodesian Nursing Service:

May I take this opportunity of conveying to the Canadian Nurses Association the warmest greetings from the South African Trained Nurses Association, and especially from the Rhodesian Nursing Service. I was asked to make inquiry in regard to the part your Association plays in the Registration and Examinations of Nurses in Canada. I find you are aiming at a Dominion Registration. Splendid! We wish you all every success in your efforts, realizing what difficulties you will have to

encounter. May each one prove an added spur to you winning through. As you know, the four Provincial Councils of South Africa fused to form the South African Medical Council on January 1, 1929, and on that date was born this new Medical Council of Southern Rhodesia. This Council administers the Medical, Dental and Pharmacy Act which provides for Nurse Registration and for registration by examination of the student nurses trained in our two Training Schools.

When I planned to visit America, the College of Nursing put me in touch with your Association through Miss Jean Browne, of the Exchange Committee, and I am very grateful to her for all her help and the arrangements she made for me. I would like to thank her and the Canadian Nurses Association for this assistance, as well as my hostesses, Miss Hersey and Miss Locke (in Miss Gunn's absence) as well as all those other members who were so good to a nursing colleague visiting you from the youngest colony of the Empire.

OUR HONOUR ROLL

It is our privilege to present to our readers two Canadian nurses whose names have recently been added to those already honoured by the King. Miss Mona Wilson, of Prince Edward Island, and Miss L. Euphemia Denton, of Saskatchewan, have been made members of the Order of the British Empire and our readers will agree that both have justly merited the distinction conferred upon them.

Mona Wilson, M.B.E.

Miss Wilson is a native of Toronto and is a graduate of the School of Nursing of Johns Hopkins Hospital and of the course in public health nursing of the University of Toronto. The position she now holds is that of director of public health nursing in the Department of Public Health of Prince Edward Island. Previous to assuming this post Miss Wilson served from 1923 to 1931 as chief nurse of the Prince Edward Island branch of the Canadian Red Cross Society.

Miss Wilson rendered valuable service to the American Red Cross Society in France and in 1919 was transferred to the Siberian Commission and was in charge of wards and night supervisor of the American Red Cross Hospital in Vladivostok. Later she was attached to the European Commission and worked in Albania with a mobile unit doing dispensary work in mountain villages. Still later she was in charge of the hospital at Tirana and of an emergency hospital in the fighting zone between the Albanians and Italians. She also helped with the organization of relief work for Russian refugees in Dalmatia and was in

charge of a typhus hospital, and did child welfare and general health work in mountain villages of Montenegro.

In addition to her latest honours, Miss Wilson has been awarded the Italian Red Cross Medal and also the King's Jubilee Medal. Prince Edward Island may well be proud of her and so may Canada.

L. Euphemia Denton, M.B.E.

Miss Denton was born in Owen Sound, Ontario, and is a graduate of the School of Nursing of the University of Michigan. By way of postgraduate study she took a course in mothercraft at the Truby King Institute in London. Miss Denton rendered nursing service during the Great War from 1916 to 1919 and was awarded the Royal Red Cross, second class, and later the King's Jubilee Medal. Since the war, Miss Denton has been engaged in Mission Hospital work under the auspices of the Presbyterian Church in Saskatchewan and later was associated with the Red Cross Outpost Hospitals in that province. Miss C. Isabel Stewart renders her this tribute:

"Her community work in the districts where outpost hospitals are established has been outstanding. Everybody was solidly behind the hospital because she was always willing 'to go the second mile' with no thought of self. I felt she could do the job much better than I could and she never let me down."

Miss Denton has recently been guiding the transformation and expansion of the Lady Grey Hospital at Nipawin into a community hospital.

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News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

MANITOBA

WINNIPEG: A general meeting of the Manitoba Association of Registered Nurses was held in the Legislative Buildings on September 6. Following the reports of the various committees and sections, a discussion took place concerning *The Canadian Nurse*, and plans are being made to form a committee which will supervise a subscription campaign.

During September a ten-day refresher course for registered nurses was held in the Manitoba Medical College. Following is a list of the speakers and their subjects: Dr. Peterson: public health and social hygiene; Dr. A. M. Davidson: skin diseases; Dr. F. McGuinness: pre-natal and maternal care; Dr. Gordon Chown: new aspects of child care and nutrition; Dr. F. Mathewson: first aid and modern treatment of injuries; Dr. M. R. MacCharles: cancer; Dr. F. W. Jackson: the Public Health Act; Dr. Shoults: milk and foods; Mr. J. Foggie: sanitation; Dr. S. Wall: diseases of the eye and trachoma; Dr. F. McKenty: vision testing; Dr. E. H. Alexander: sight saving; Dr. D. A. Stewart: tuberculosis; Dr. Mitchell (of Montreal): two lectures on mental hygiene; Dr. J. Meakins: new aspects of medicine; Dr. R. J. Harris, new aspects of surgery.

The Manitoba Association of Registered Nurses has been honored by Dr. Stewart and the Board of the Ninette Sanatorium, in that our president, Miss Elsie Wilson, has been asked to represent the Manitoba Association of Registered Nurses at the twenty-fifth anniversary celebration of the Sanatorium.

The board of directors of the Manitoba Association of Registered Nurses entertained at a delightful luncheon recently for Miss E. Johns, editor of *The Canadian Nurse*, who was a visitor in Winnipeg; about thirty members of the Association were present.

BRANDON: MARRIED: In August, 1935, Miss Ila Sampson (B.G.H., 1928) to Mr. W. H. Owens.

MARRIED: On July 16, 1935, Miss Lena McCoy (B.G.H., 1933) to Mr. R. J. Mathewson.

MARRIED: On June 19, 1935, Miss Emma Bright (B.G.H., 1929) to Mr. S. Paler.

NEW BRUNSWICK

FREDERICTON: The Fredericton Chapter of the N.B.A.R.N., have resumed their meetings and plans were made to entertain the annual convention of the New Brunswick Association of Registered Nurses. Miss Mildred Rogers

(1931) has returned after a postgraduate course at the Montreal Maternity Hospital. Miss Christana Brighton and Miss Esther Ellis are both employed at the Jewish General Hospital in Montreal. Miss Marion Tupper has returned to her nursing duties after a visit to Western Canada. Fredericton mourns the loss of one of her leading doctors in the person of Dr. Allan Sterling, who died suddenly during the early summer.

SAINT JOHN: MARRIED: On July 15, 1935, Miss Adah S. Nichol (S.J.G.H., 1934) to Mr. John H. Creighton.

MARRIED: On July 9, 1935, Miss Marjorie Titus (S.J.G.H., 1931) to Rev. Donald Stockford.

ONTARIO

DISTRICT 1

LONDON: The following nurses all of whom are residents of London have been awarded the King's Jubilee Medal: Miss Mary L. Jacobs, superintendent of nurses, Ontario Hospital, London; Miss Ada Parrish; Miss Ada Bodkin; Miss Marion McDiarmid; Miss Allie Hiles; Miss Alice Turner, R.R.C.; Mrs. A. G. Oligney (née Annie Paynter); Miss Hilda Stuart, superintendent of nurses, the Victoria Hospital, London; Miss May M. Jones, president of the Alumnae Association of the School of Nursing of the Victoria Hospital; Miss Mildred Walker, president, R.N.A.O. District One; Reverend Mother M. Patricia, St. Joseph's Hospital. In Chatham, the same honour was conferred on Miss Priscilla Campbell, superintendent, Public General Hospital, and Reverend Mother Mary, St. Joseph's Hospital. In Byron, Miss A. L. Bradley, superintendent of nurses, Queen Alexander Sanatorium and Miss Della Birrell received the medal. In Sarnia, Miss Lee and Miss Horton and in St. Thomas, Miss Lucille Armstrong, superintendent of nurses, Memorial Hospital. Miss Burns, who is a graduate of the School of Nursing of St. Joseph's Hospital, London, and of the nursing division of the University of Western Ontario, has accepted a position as public health nurse in Sarnia replacing Miss J. McNaughton, who resigned to be married. Miss May M. Jones, graduate of the School of Nursing of the Victoria Hospital, London, has accepted the position of superintendent of nurses at the Cottage Hospital, Pembroke, Ont. Mrs. Harlton Rawlings (Helen Roberts), graduate of the School of Nursing of the Ontario Hospital, London, has left for Christian Island Ojibway Indian Reserve with her hus-

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band, who is senior teacher. Mrs. Rawlings will render nursing service to the Indians.

DISTRICTS 2 AND 3

BRANTFORD: The regular monthly meeting of the Alumnae Association of the Brantford General Hospital was held recently with Miss H. D. Muir presiding. Dr. Leslie Bier, a medical missionary, who is at home on furlough, gave a most interesting and informative talk on his work in Angola, Portuguese West Africa. Mrs. B. Linton (Madoline Wag-horne, B.G.H., 1928) has returned to her home in Waterville, N.S.

MARRIED: On August 21, 1935, Miss Helen Marguerite Miller (B.G.H., 1928) to Rev. Frank A. Gilbert.

MARRIED: On August 21, 1935, Miss Elizabeth Margaret Reain (B.G.H., 1933) to Mr. Edward George Drewry.

QUEBEC

MONTREAL GENERAL HOSPITAL: The following M.G.H. graduates have received scholarships for postgraduate work at the School for Graduate Nurses of McGill University during the coming year: Miss Ellen S. Reid (1930), Miss Mariette Bergeron (1931), Miss Carol Michaels (1932), Miss Helen Hamilton (1933). Miss Beatrice Hadrill (M.G.H., 1917) has accepted the position of instructress at the Chipman Memorial Hospital, St. Stephen, N.B. Miss Bernice Underhill (M.G.H., 1932) has accepted a position on the teaching staff of the School of Nursing of the Vancouver General Hospital. Miss Gertrude Cooke (M.G.H., 1922) sailed on the "Ascania" on August 23 for England, where her marriage to Dr. Fosberry, recently retired headmaster of Lower Canada College, will take place during September. Miss Margaret McKay

(M.G.H., 1929) has been appointed school nurse at Upper Canada College, Toronto.

MARRIED: On August 17, 1935, Miss Doris L. Cosman (M.G.H., 1932) to Mr. C. A. Bradley.

MARRIED: On July 24, 1935, Miss Anna Mae Smith (M.G.H., 1929) to Dr. S. Martin Banfill.

MARRIED: On August 27, 1935, Miss Flora Marguerite Smith (M.G.H., 1928) to Mr.

MARRIED: On August 26, 1935, Miss Mary Allan Pope (M.G.H., 1934) to Dr. James Brady Poole.

Alexander Scott Turnbull.

SASKATCHEWAN

SASKATOON CITY HOSPITAL: Miss Margaret Gooderham (S.C.H., 1933) and Miss Evelyn Stevenson (S.C.H., 1934) have accepted positions on the staff of the Saskatoon City Hospital. Miss Marion Bie (S.C.H., 1933) has left to take a postgraduate course at the School for Graduate Nurses, McGill University.

MARRIED: On July 31, 1935, Miss Mabel F. Dahl (S.C.H., 1921) to Mr. James Thomson.

MARRIED: On August 17, 1935, Miss Gertrude Jean Rogers (S.C.H., 1932) to Mr. Dan McGill.

SUMMERBERRY: Miss E. B. Cuming is the fortunate winner of one of the twenty major prizes awarded by the Palmolive Soap Company to the writers of letters telling why this soap is preferred by them. The winners had the choice of a thirty-four-day tour on the largest ship in the world, the S.S. "Normandie," or one thousand dollars in cash. Miss Cuming preferred the cash.

OBITUARY

BECKTEL—On June 29, 1935, at Buffalo, N.Y., the death occurred of Caroline Anderson, beloved wife of Sylvan N. Becktel. Mrs. Becktel was a member of the class of 1914 of the School of Nursing of the Winnipeg General Hospital and previous to her marriage was industrial nurse with the firm of Gordon, Ironsides & Fares in Winnipeg.

McALLISTER—The death of Miss Lillian McAllister, R.N., occurred suddenly on August 5, 1935, while she was on duty at the Royal Columbian Hospital, New Westminster, B.C. Miss McAllister was a graduate of the School of Nursing of the Royal

Columbian Hospital and filled several important posts on the staff of that institution. She was an interested member of the nursing profession and served for several years as president of the New Westminster Graduate Nurses Association and on the Council of the Registered Nurses Association of British Columbia. She was a recipient of the King's Jubilee Medal in May, 1935. Her funeral was held from the Nurses Residence and there was a large attendance. She was buried in the Fraser Cemetery, overlooking the Hospital where all her years of professional activity were spent.

APPOINTMENTS

Miss Beatrice Creasy has been appointed as junior assistant superintendent of the Victorian Order of Nurses for Canada. Miss Creasy was a member of the teaching profession before entering upon her nursing career; she is a graduate of the School of Nursing of the Winnipeg General Hospital and of the course in public health nursing of the School for Graduate Nurses, McGill University. She has been a member of the staff of the Victorian Order for several years and was in charge of the East York Branch until her recent appointment.

Miss Evelyn Mallory has recently been appointed superintendent of nurses in the Children's Hospital of Winnipeg. Miss Mallory is a graduate of the School of Nursing of the Winnipeg General Hospital and of the School for Graduate Nurses of McGill University. Prior to her new appointment, she was a member of the teaching staff of the School of Nursing of the Vancouver General Hospital.

FIGHT AGAINST DISEASE

The Metropolitan Life Insurance Company has long been a source of authoritative and interesting health literature. The latest addition to the many pamphlets it has generously made available is "Man's Fight Against Disease," an attractive little volume consisting of thirty-one reproductions of a series of placards on the history of health, hygiene and medicine now on exhibition at the National Museum in Washington. While there will be no general distribution of this pamphlet, school nurses may obtain one free of charge by writing to Dr. N. L. Burnette, Welfare Division, Metropolitan Life Insurance Company, Ottawa. These pamphlets would be excellent illustrative material for health talks to older boys and girls and indeed could be used to advantage in schools of nursing.

A CORRECTION

In the July number of *The Canadian Nurse* an obituary notice was published which announced, in error, the death of Mary Shaw, wife of Angus M. Hamilton. This notice was sent to the *Journal* for publication from an official source and we had therefore no reason to question its accuracy. It now appears that

a serious error was made and that the item should have recorded the death of Mr. Angus Hamilton and not that of his wife, who survives him.

While sincerely regretting the pain and annoyance caused to bereaved relatives by this unfortunate mistake the *Journal* cannot accept any responsibility for it. We can only urge the contributors of news notes to exercise the utmost caution in verifying all items intended for publication, especially those of a personal nature.

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The melancholy days have come . . . the saddest of the year . . . What we are trying to convey is . . . that we hate, loathe and detest . . . the very thought of winter . . . and there is frost in the air . . . these cool autumn mornings . . . By way of fortifying ourselves . . . against the wintry blast . . . we emulated Wordsworth this summer . . . and made a fine collection of sunlit landscapes . . . which we can call to mind . . . when our heart is bowed down . . . with weight of woe . . . and the snows of a Montreal winter . . . Of course, these landscapes . . . have no existence in fact . . . but are of the variety . . . which our poet describes as being visible only to that inward eye . . . which is the bliss of solitude . . . You will remember that the contemplation of them inspired Mr. W. to exclaim . . . "and then my heart with pleasure fills . . . and dances with the daffodils" . . . Our inward eye gathered quite a rich harvest this summer . . . To begin with . . . we had a holiday . . . the first in a good many years . . . Naturally we took the Western trail . . . and gathered a daffodil or two . . . For example . . . we saw the gulls wheeling about a great rock at Peninsula . . . while the blue waves of Lake Superior . . . broke into foam at its base . . . On one halcyon morning . . . we pensively reclined . . . on the silver sands of Lake Winnipeg . . . and watched a family of sandpipers . . . (father, mother and two children) . . . skittering along the delicate edge of the bubbles which formed as the ripples curled over . . . Believe it or not . . . we saw a bittern flap heavily out of a tangle of reeds . . . and a humming-bird hovered over a flower . . . almost within reach of our hands . . . Lest we should be accused of indulging too freely in poetic license . . . we hasten to add . . . that the place at which we were staying . . . is situated in the midst of a bird sanctuary . . . In this blessed peace . . . none dares to make them afraid . . . and we saw a young robin . . . daintily accept a mayfly . . . from the fingers of a patient gentleman . . . who got up to beguile him in the early morning . . . before too many people were about . . . Not all our landscapes are in colour . . . we have a few nocturnes . . . in grey and silver . . . and a Japanese print . . . which shows a black pine tree . . . etched against a blaze of lightning . . . So that our cup might be full . . . one hot summer midnight . . . the Northern Lights flamed across the sky . . . and were reflected in the mirror of the lake . . . Next winter in the icy chill . . . we shall open our portfolio . . . and bask in the reflected glow . . . And there is one picture . . . which we have not mentioned . . . but which we like best of all . . . even though it was designed by man . . . and not by nature . . . In Assiniboine Park . . . (Winnipeg, in case you do not know) . . . there was a great stretch of green sward . . . surrounded by what gardeners unromantically call herbaceous borders . . . Here the glory of the whole summer . . . was gathered up into wave upon wave . . . of colour and perfume . . . and Hampton Court blossomed . . . on what was once the unbroken prairie . . .

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Honorary Secretary.....Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg, Man.
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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 229 Eighth Ave. N.W., Calgary.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg; (2) Miss G. Thompson, 753 Wolesey Ave., Winnipeg; (3) Miss C. Maddin, 763 Wolesey Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss L. G. Hall, Victorian Order of Nurses, Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss Margaret Buchanan, North Sydney; (4) Mrs. E. M. Haliburton, 203 Jubilee Road, Halifax.

Ontario: (1) Miss M. Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, R.R. 1, Brantford; (3) Miss D. Mickleborough, 9 Humewood Dr., Toronto; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (3) Miss Ina Gillan, Kent Manor, Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss E. Buchanan, Royal Victoria Hospital, Montreal; (3) Miss E. M. Lewis, 1246 Bishop St., Montreal; (4) Miss R. Cochrane, Maplehurst, Summit Circle, Montreal.

Saskatchewan: (1) Miss E. Amas, City Hospital, Saskatoon; (2) Miss A. F. Lawrie, General Hospital, Regina; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal;
PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; **PRIVATE DUTY:** Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; **VICE-CHAIRMAN:** Miss C. Brewster, General Hospital, Hamilton; **SECRETARY:** Miss N. Nagle, Royal Victoria Hospital, Montreal; **TREASURER:** Miss M. B. Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS: **Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss A. J. MacLeod, General Hospital, Vancouver. **Manitoba:** Miss G. Thompson, 753 Wolesey Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton. **Nova Scotia:** Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss S. M. Jamieson, R.R.1, Brantford. **Prince Edward Island:** Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown. **Quebec:** Miss E. Buchanan, Royal Victoria Hospital, Montreal. **Saskatchewan:** Miss A. F. Lawrie, General Hospital, Regina.

PRIVATE DUTY SECTION

CHAIRMAN: Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon; **VICE-CHAIRMAN:** Miss J. L. Church, 120 Strathcona Ave., Ottawa; **SECRETARY-TREASURER:** Miss H. E. Wills, 2840 Robinson St., Regina. **COUNCILLORS:** **Alberta:** Miss J. Clow, 9817-10th St., Edmonton. **British Columbia:** Miss E. Paulson,

432 Ash St., New Westminster. **Manitoba:** Miss P. Brownell, 215 Chestnut St., Winnipeg. **New Brunswick:** Miss M. McMullen, St. Stephen. **Nova Scotia:** Miss E. M. Haliburton, 203 Jubilee Road, Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss R. Cochrane, Maplehurst, Summit Circle, Montreal. **Saskatchewan:** Miss H. E. Wills, 2840 Robinson St., Regina. **CONVENER OF PUBLICATIONS:** Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; **VICE-CHAIRMAN:** Miss M. Kerr, Eburne; **SECRETARY-TREASURER:** Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss A. A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, 753 Wolesey Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Margaret Buchanan, North Sydney. **Ontario:** Miss D. Mickleborough, 9 Humewood Dr., Toronto. **Prince Edward Island:** Miss Ina Gillan, Kent Manor, Charlottetown. **Quebec:** Miss E. M. Lewis, 1246 Bishop St., Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, Central Alberta Sanatorium, Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 229-8th Ave. N.W., Calgary; *Public Health*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Elsie Wilson, 668 Bannatyne Ave., First Vice-President, Miss S. Wright; Second Vice-President, Miss E. Parker; Third Vice-President, Sister Mary Charles; *Members of Board*: Misses C. Macleod, G. Johnson, H. Tregear, J. Houston, E. Fraser, K. W. Ellis, E. Robertson, Sister Krause; Secretary, Mrs. Stella Gordon Kerr, 300 Power Bldg., Winnipeg; *Conveners of Sections: Public Health*, Miss C. Maddin, 753 Wolsley Ave.; *Private Duty*, Miss Pearl Brownell, 215 Chestnut St.; *Nursing Education*, Miss G. Thompson, 753 Wolsley Ave.; *Committee Conveners: Social*, Miss S. J. Roberts, Deer Lodge Hospital; *Visiting*, Miss L. Kelly, 753 Wolsley Ave.; *Membership*, Miss H. Steadman, 510 Medical Arts Bldg.; *Directory*, Miss K. McCallum, 181 Enfield Crescent, Norwood; *Legislative*, Miss K. W. Ellis, Winnipeg General Hospital; *Press and Publications*, Miss E. Banks, 64 St. Cross St.; *Library*, Office Staff, 510 Medical Arts Bldg.; *Representatives to Local Council of Women*, Mrs. A. C. McFetridge, 71 Cambridge St., Miss M. Black; to *Central Council of Social Agencies*, Miss F. Robertson, 753 Wolsley Ave., Miss J. McDonald, Mrs. W. Thomas; to *Victorian Order of Nurses*, Miss E. Russell, Legislative Bldg.; to *Junior Red Cross*, Miss R. Dickie, 103 Chestnut St.; to *Red Cross Enrolment*, Miss N. O'Shaughnessy, Dept. of Health, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandersor; Second Vice-President, Mrs. A. G. Woodcock; Honorary Secretary, Rev. Sister Kenny; *Councillors*: Miss Margaret Murdoch, Miss Grace A. K. Moffat, Miss Myrtle Kay, Miss Elsie M. Tulloch; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Private Duty*, Miss Mabel McMullen; *Public Health*, Miss Ada Burns; *Convenor of Constitution and By-laws Committee*, Miss S. E. Brophy; *Representative to The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Mrs. C. F. Gillis, 9 Welsford St., Halifax; Second Vice-President, Mrs. C. M. Ryan, All Saints' Hospital, Springhill; Third Vice-President, Miss A. W. Foster, W.K.M. Hospital, Berwick; Recording Secretary, Miss Ruth Hart, 122 Spring Garden Rd., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss S. Margaret Jamieson, R.R. 1, Brantford; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss D. Mickleborough, 9 Humewood Dr., Toronto; *District 1*: Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3*: Chairman, Miss A. Bingham, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4*: Chairman, Miss C. Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. N. Barlow, 211 Stinson St., Hamilton; *District 5*: Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss I. Park, 1348 Yonge St., Toronto; *District 6*: Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7*: Chairman, Miss L. D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss O. Wilson, General Hospital, Kingston; *District 8*: Miss M. B. Anderson, Civic Hospital, Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. Lutton, Civic Hospital, Ottawa; *District 9*: Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanatorium P.O., Gravenhurst; *District 10*: Chairman, Miss V. Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Walker; Vice-Chairman, Miss M. Hoy; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses R. Rouatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin, Mrs. Malone; *Committee Conveners: Nursing Education*, Miss D. Thomas; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Permanent Education Fund*, Mrs. Hedley Smith; *Membership*, Miss G. Versey; *Publications*, Miss E. Kennedy.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss A. E. Bingham; Vice-Chairman, Miss H. L. Potts; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charney, A. M. Cook, L. Ferguson, A. MacDonald, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss M. Davidson; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Vice-Chairman, Miss McCort; Secretary-Treasurer, Mrs. N. Barlow, 211 Stinson St., Hamilton; *Councillors*: Misses C. Sheridan, I. Murray, L. McElhone, A. Wright, J. Allen, A. Oram; *Committee Conveners: Nursing Education*, Miss H. Brown; *Public Health*, Miss Edna Bell; *Private Duty*, Miss I. MacIntosh.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Sec.-Treas., Miss I. Parks, Apt. 95, 1348 Yonge St.; *Councillors*: Misses J. Anderson, M. Floyd, O. Waterman, J. Farquharson, E. Moore, A. Scott; *Committee Conveners: Nursing Education*, Miss W. Chute; *Private Duty*, Miss M. St. John; *Public Health*, Miss K. McNamara.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss M. E. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. J.

Luton; *Councillors*: Misses K. Bayley, M. Hall, M. Moorhead, M. MacLaren, M. Slinn, M. B. Thompson; *Committee Conveners*: *Membership*, Miss G. Clarke; *Publications*, Miss E. McIlraith; *Nursing Education*, Miss E. McIlraith; *Private Duty*, Miss M. Hewitt; *Public Health*, Miss H. O'Meara.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Rev. Sister Fidelis, Miss Mina Carson, Miss H. Jordan, Rev. Sister Felicitas, Miss H. Atkinson, Miss G. Rowden.

District 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur; *Councillors*: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcelin, Soeur Valerie de la Sagesse, Mademoiselle Charlotte

Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hospital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members*: Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan; *Conveners of Sections*: *Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle, Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; *Public Health* (Bi-lingual), Miss Esther M. Lewis, V.O.N., Montreal; *Board of Examiners*: Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal, Miss Ethel Sharpe, 43 Windsor Ave., Westmount, Mlle. Edna Lynch, 4642 rue St. Denis, Montreal, Mlle. A. Marie Anysie Deland, Institut Bruchési, Montreal, Mlle A. Marchessault, 3256 ave Lacombe, Montreal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wells, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113 25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss M. A. Turner; Second Vice-President, Miss E. Standing; Treasurer, Miss E. Gavin; Recording and Corresponding Secretary, Miss H. S. Peters, University Hospital, Edmonton; Registrar, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. G. Crockford; Second Vice-President, Miss M. Reid; Secretary, Miss V. Crandall, Medicine Hat General Hospital; Treasurer, Miss F. Smith; *Committee Conveners*: *Membership*, Miss C. Walker; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. C. Pickering; to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leale, Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. MacLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balsam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council*: Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss E. V. Cameron; *Membership*, Miss M. Dutton; *Visiting*, Miss J. Johnston; *Directory*, Miss M. Ogilvie; *Social*, Miss G. Currie; *Representatives to the Press*, Miss G. Archibald; to *Local Council of Women*, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian*

Nurse, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnson; Second Vice-Pres., Mrs. C. McManus; Treas., Miss T. Holm; Rec. Sec., Miss Einarson; Corr. Sec., Mrs. A. E. Jones, 9713 Jasper Ave.; *Members of Executive*: Mrs. Baker, Mrs. Thompson, Miss M. Griffith; *Committee Conveners: Visiting*, Miss H. Dean; *Social*, Miss Mullen; *Programme*, Miss M. Griffith; *News Letter*, Mrs. Elwell.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners: Programme*, Miss M. Tennant; *Membership*, Miss M. Ferris; *Visiting*, Miss H. Arnold; *Refreshments*, Miss M. Pooley; *Sewing*, Mrs. L. Gordon; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; *Representative to V.G.N.A.*, Miss Rhodes.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres., Miss M. Mirfield; Second

Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmillar Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees: Social*, Mrs. J. H. Russell; *Visiting*, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Conveners: Visiting*, Miss Ditchfield; *Entertainment*, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Crosby; President, Miss Mehan, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss M. Madill; Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St., Winnipeg; Treasurer, Miss W. Grice, 97 Balmoral Place, Winnipeg; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss Margaon; *Representatives to Local Council of Women*, Mrs. Emmett Dwyer; Mrs. Chas. Sharkey; *Press Representative*, Miss Parkhill.

A.A., Winnipeg General Hospital, Winnipeg

Honorary President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss Pearl Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss M. Wilkins; Recording Secretary, Miss Anne Effler, Ste. 12, Diana Court; Corresponding Secretary, Miss Helen Ross, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners: Membership*, Miss Mary Shepherd, King George Hospital; *Visiting*, Miss Grace McKeavor, Winnipeg General Hospital; *Entertainment*, Mrs. C. B. Stewart, Ste. 38, Ritz Apts.; *Alumnae Club*, Miss S. Tretiak, Winnipeg General Hospital; Editor of Journal, Miss Julia Moody, 76 Walnut St.; Assistant Editor, Miss Annie Taylor, Winnipeg Gen-

eral Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee*: Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

A.A., Chipman Memorial Hospital, St. Stephen

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M. Goodeve, nutritionist, Child Welfare Association, Montreal; Oct. 21, "Buying and Preparation of Food," Miss R. Chambers, nutritionist, Montreal Branch, Victorian Order of Nurses; Oct. 28, "Food Chemistry," David L. Thompson, M.A., Ph.D., Associate Professor of Bio-Chemistry, McGill University. The registration fee is one dollar. For further information apply to Miss B. Brookes, 1246 Bishop St., Montreal.

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NOVEMBER 1935
No. 11



The Canadian Nurse

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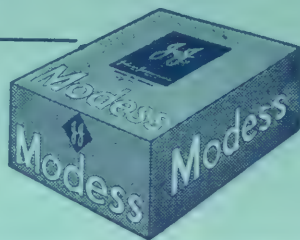
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The Canadian Nurse

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A CALL TO ACTION

RUBY M. SIMPSON, President of The Canadian Nurses Association.

A circulation campaign for *The Canadian Nurse*, launched in early October by the Executive Committee of the Canadian Nurses Association, is now in full swing in every province. May I commend it to every individual reader of the *Journal* for whole-hearted, enthusiastic support and participation.

The first of January, 1933, was a red-letter day in the history of the Canadian Nurses Association, for on that day a long cherished dream came true: a full-time editor and business manager was placed in charge of the affairs of its official publication. It was a step not lightly taken. For long years it had been considered and planned and it was a source of extreme satisfaction when it was finally achieved.

It was a venture and it has been a success. This statement is made with assurance and with pride. We now have a *Journal*, greatly improved in format and content, which we can justly claim integrates and interprets the thinking of Canadian nurses, keeps the members of the Association accurately and consistently informed on Association policies and activities, expresses and develops a national viewpoint on pertinent nursing questions and, perhaps most important of all, serves as an indispensable link between the provinces. We wonder how we could do without it! It is just invaluable on every count. Other professional publications and the daily newspapers recognize it, accept it as authoritative and quote widely from its pages. And it does

not suffer when compared with others of its own kind.

Already, in less than three years, the circulation has increased from two thousand to slightly more than three thousand. In the year 1934, it almost paid its way, the deficit amounting to only \$750.00, out of a total expenditure of over ten thousand dollars. These are tangible achievements and, remember, they have been made during a period of distinctly difficult economic conditions. You, who are the readers of the *Journal*, the indefatigable editor and the efficient Publications Committee have made them possible and we point to them with justifiable pride. Now we have a further task: What has been done must be maintained and still more must be accomplished. The circulation campaign has this in view.

The immediate need is *more subscribers*. The *Journal* is essential to Canadian nurses. At the present time only a little better than one-quarter of the membership of the Canadian Nurses Association realize this. The campaign, it is hoped, will introduce it to many who at present have not even a bowing acquaintance with it! Furthermore, the *Journal* is a business proposition and must be considered as such. A greater circulation would mean a possible increase in commercial advertising. Revenue from increased subscriptions and from increased advertising would be available for use in making a still better *Journal* for you.

The President and the Publications Committee of the Canadian Nurses Association

ciation will give general direction to the campaign, which in each province will be organized by the president of the provincial association. Progress reports will be printed in the *Journal* from time to time. Watch for them. Final reports will be a feature of the session devoted to the discussion of the affairs of the *Journal* at our Biennial Meeting in June, 1936, at Vancouver.

I have held the objective for the last

paragraph so that you may keep it in mind. Here it is: One thousand new subscribers before the first of June, 1936. A reasonable objective, indeed, and one which we are certain to reach. Will you do your share to make it possible?

Alberta nurses were the first to pledge support. Manitoba had made a start before the national campaign was begun. Now, which province will be the first to announce the completion of its quota?

CANADIAN PUBLIC HEALTH ASSOCIATION

The nursing section of the Canadian Public Health Association took a prominent part in what proved to be a lively and interesting annual meeting. With the chairman, Miss Elizabeth Smellie, presiding, an entire morning was given over to a symposium entitled "Essential Features of a Health Programme." Those participating presented the subject from the angle of provincial and municipal health officers, directors and supervisors of nursing, and representative members of the community. Miss Anna E. Wells, chairman of the public health nursing section of the Canadian Nurses Association, spoke as a health educationist; Miss Nora Moore presented the topic from the point of view of a director of public health nursing and Miss Dorothy Mickleborough from that of a nursing supervisor. A subsequent meeting was devoted to the discussion of nutrition; the speakers were Miss Margaret McReady, who is connected with the nutrition service of the Ontario Division of the Red Cross Society, and Miss Marjorie Bell, Director of the Visiting Housekeepers Association, Toronto. At a session of the Ontario Health Officers Association a demonstration of a home visit to a tuberculosis case was given by Miss Edna Howey and Miss

Muriel Lowry, nursing supervisors in the Ontario Department of Health.

The incoming officers of the Association are: President, Dr. J. W. McIntosh, Vancouver; first vice-president, Dr. J. G. Fitzgerald, Toronto; secretary, Dr. J. T. Phair, Toronto; treasurer, Dr. Chas. P. Fenwick, Toronto. The officers of the public health nursing section are: Chairman, Miss Elizabeth Smellie; vice-chairman, Miss Elizabeth Breeze; secretary, Miss Laura A. Gamble, 1275 Bathurst Street, Toronto. These officers-elect assume office on January 1, 1936, and it is expected that the 1936 meeting will be held in Vancouver. Public health nurses should seek membership in the Canadian Public Health Association because through its sections, all phases of public health work are represented and these sections are the discussion centres for public health questions. To quote a clause from "What Does Membership in the C.P.H.A. Mean to Me?":

It adds my support to the maintenance in Canada of a national health association which is primarily the professional society of physicians, public health nurses, bacteriologists, statisticians and others engaged in public health work. It is not duplicating the work of any other organization; its purpose is to give expression to the considered opinion of those best qualified on all aspects of public health.

OBSERVATIONS ON TOXAEMIAS OF PREGNANCY

FLORENCE KELSEY, Nurse-in-Charge, Metabolic Ward, Obstetrical Division,
Toronto General Hospital.

From the onset of pregnancy, profound changes in the maternal metabolism take place, and these do not return to normal till after the termination of pregnancy. Marked chemical changes occur in all the tissues throughout the body and the secretions of the endocrine glands are altered in quality and amount. A change in the chemistry of the tissues in one organ necessitates a change in the chemistry of many others. The normal woman who becomes pregnant, is able to make adequate adjustment to the changes, so that few disturbances are evident and she develops an immunity to the effects of the growing ovum. When for some unexplained reason this immunity is not developed, a toxæmia results.

One of the earliest manifestations of disturbed metabolism is nausea and occasional vomiting. In many cases this is mild and passes off about the end of the third month of pregnancy, when the patient has developed immunity. In other cases the vomiting persists and becomes steadily more severe. At one time a distinction was made between neurotic and toxic vomiting. This is not a sound differentiation; all vomiting in pregnancy is toxic in origin, and the neurotic patient differs only in that she is more difficult to treat. In mild cases, additional rest during the day, the judicious use of sedative and a high carbohydrate diet will often effect a cure. Nourishment should be taken at intervals of two hours throughout the day. If the patient does not respond to this treatment, she must be put to bed.

In severe cases where vomiting persists, it is impossible to give adequate nourishment by mouth, and these cases should always be dealt with in hospital. The

clinical picture in such cases is that of dehydration and emaciation. The weight loss is often very marked. The tongue becomes dry and beefy red. Pulse and temperature elevations become apparent as the toxic process advances. Coupled with the clinical picture the laboratory findings are most valuable. The urinary output diminishes to 200 c.c. or less in twenty-four hours, and becomes highly concentrated. Acetonuria appears early and increases as the process advances. Urobilinuria is not an early finding, but when present indicates definite liver damage. These cases, in the absence of treatment, may rapidly progress to a fatal termination. The blood chemistry is profoundly altered as the toxic process progresses. In the early stages dehydration of tissue is accompanied by water loss from the blood, resulting in high serum protein figures. At this stage is noted the best response to intravenous therapy.

For a long time intravenous therapy was unsatisfactory for the reason that hopelessly inadequate amounts were given; 10% glucose in normal saline is the most valuable form of intravenous medication but it must be pushed till a definite response to treatment has been obtained. A urinary output of 1000 c.c. or over in twenty-four hours, with a specific gravity of 1010 or under, is considered a satisfactory response; 3000 c.c. of 10% glucose is recommended daily until this response is obtained. During the administration of the glucose the urobilinuria should disappear and the acetone should be markedly diminished. One must stress the absolute necessity of accurate clinical charting of fluid intake and output in such cases. If diuresis is not established one cannot push intravenous therapy indefinitely; dangerous oedema of the brain or lungs may result.

While intravenous therapy is being used little attempt is made to give fluids

(Presented at a meeting of the nursing staff of the Toronto General Hospital from the Metabolic Ward division, service of Professor W. A. Scott, Toronto General Hospital. The experimental research referred to in the article has been conducted by Dr. H. B. Van Wyck, Dr. John Mann, and the late Professor V. J. Harding.)

by mouth. In this clinic we have discarded duodenal feeding because of its obvious impracticability in this type of case. Administration of fluids by the Murphy drip method is seldom used on account of the very slow rate of absorption from the large bowel.

Sedatives

The judicious use of sedative is most important. It is impossible and unwise to state a definite dosage of any drug, with the large individual variation in patients. Experience alone can teach the drug to be used in its dosage. If response is not obtained from such treatment, or if the case is advanced before coming under observation, the blood serum protein begins to fall sharply due to protein destruction. Cases with low serum proteins 5% or lower, do not respond well to intravenous glucose; there is not sufficient solid content in the blood to retain the fluid and it passes rapidly out through the kidneys leaving the body tissues quite dehydrated. This observation alone explains the failure of intravenous therapy in some severe cases. Blood transfusion is sometimes of definite value but when a toxic process in early pregnancy is so advanced as to require blood transfusion the prognosis is very grave and, in this clinic, the termination of pregnancy is considered the safer procedure. When glucose is being given intravenously attention should be paid to the glucose content of the urine. In isolated cases it may be excreted as rapidly as it is administered. In such cases the administration of insulin is of definite value.

Up to the present time no light has been thrown on the cause of the very severe metabolic disturbances in early pregnancy. Advances in this field have been in the method of treatment and a realization of the need for adequate nursing. The proper use of sedative and intravenous glucose and fluids in adequate amounts will cure a large percentage of cases. If, however, a case does not re-

spond to intensive treatment, especially if the urobilinuria increases, the blood serum protein falls, pulse rate and temperature elevations persist, termination of the pregnancy is indicated. In the timely recognition of these findings, many lives have been saved.

The Third Trimester

The second trimester of pregnancy is a period of relative immunity to toxic processes, and what we consider the toxæmias of later pregnancy generally appear in the last three months. As the foetus grows, increased demands are made on the maternal metabolism; the by-products of foetal metabolism have to be excreted and so the brunt of the work falls on the maternal kidney. It is well known that one of the earliest manifestations of renal impairment is albuminuria, but is by no means always the first sign. When abnormally increased demands are made on any organ or tissue, the inevitable results—some of the work is left undone. If the urine is not excreted it is retained in body tissue and it often manifests itself as oedema of the legs, hands and face. The toxic products in the urine are retained and produce their harmful effects on the cardio-vascular system, which leads to the marked increase in blood pressure found in some of the severe toxæmias. We must remember that, along with localized oedema, water may be retained in the tissues throughout the entire body: hence the importance of weight-taking during pregnancy.

The normal pregnant woman generally starts to gain weight in the third month of pregnancy, and gains about four to five pounds per month for the next six months. The total gain in weight should not exceed twenty to twenty-five pounds in the average case. Approximately 50% of this is accounted for by the baby's weight. If the weight increase is much in excess of this average rate it is a warning that water is being retained, and this finding may be observed long before oede-

ma becomes evident or albuminuria has appeared. By careful prenatal observation many metabolic disturbances may be avoided.

Prophylaxis

Where do we begin in the prophylactic treatment of these disturbances? Obviously we cannot reduce the demands made by the growing child on the mother. The only alternative then is to reduce the mother's metabolism by prescribing more rest. A minimum of eight hours' sleep during the night, with an additional rest of two hours each afternoon, is a good routine to prescribe. Exercise, in the form of long walks, is rarely good therapy. It can only be done by those patients who are strong enough to do it, and therefore do not need the treatment, and it is harmful to the others. The only point in its favour is the additional fresh air it affords the patient.

Dietary regulation is important. The increased appetite in the latter months of pregnancy often causes over-eating. This naturally makes increased demands on the organs of excretion. Many of the end products of protein metabolism are toxic substances and so a diet low in protein is advisable. The carbohydrate portion should be high, 168 grammes to produce energy in a form easily utilized. In an effort to prevent water retention it would seem reasonable to restrict the fluid intake. This should be kept within 1000 c.c. in the twenty-four hours.

The experimental work done in this clinic has shown that common salt in excess is a factor in the production of metabolic derangements in pregnancy. A good prophylactic measure is to omit salt one week in four, and if weight increase is marked, it should be omitted from table use and cooking entirely. Many cases of oedema in pregnancy are found to be due to severe secondary anaemia. These anaemias of pregnancy, however, respond well to the various forms of iron medication.

Severe Toxaemias

Occasionally, in spite of prophylaxis, and often in unsupervised pregnancies, severe toxaemia may develop with a marked oedema, very high blood pressure and severe albuminuria. This is the recognized pre-eclamptic state, and if untreated, would in many cases terminate in convulsions and death. There is little more to be added to the active treatment of the advanced case. Treatment should be rigidly enforced and this necessitates admission to hospital with absolute rest in bed. In very severe cases the diet in the first twenty-four to forty-eight hours is restricted to 1000 c.c. of milk or fruit juice. It may be increased on following days with the addition of solid food but only if a marked improvement has been noted in the blood pressure and albuminuria. Magnesium sulphate, 1 ounce daily, is a satisfactory purgative since the copious fluid stools are most effective in removing retained water from the tissues generally. If the laboratory findings should continue to show improvement, gradual increases may be made in the diet but the patient should be kept strictly in bed till the end of pregnancy.

In cases that do not improve or get progressively worse in spite of treatment, the problem of terminating the pregnancy has to be considered. Here the medical method of inducing labour works well. For some reason, in the patient with a late toxaemia, labour is most easily induced by castor oil and pituitrin. The usual routine method of medical induction, that is, enemata, castor oil, quinine, pituitrin, is slightly modified by the omission of the quinine. Quinine is definitely toxic to the foetus. Induction of premature labour and the influence of a toxic maternal metabolism are hazards enough without the addition of a toxic drug. In many cases labour is induced with only the administration of the castor oil; in fewer cases nature supplies the treatment by the spontaneous induction of prema-

ture labour. If no response is obtained from attempts at medical induction, it is then necessary to resort to some of the mechanical methods, that is, bag or bougie induction.

Eclampsia

Advanced toxæmia may reach the stage of eclampsia before coming under observation and in these cases the immediate treatment of the convulsion is imperative. Each convulsion produces a severe change in the blood chemistry and when convulsions follow each other in rapid succession the prognosis is bad. Immediate treatment is either anaesthesia, applied on an open mask, until convulsive seizures are stopped. As the patient is coming out of the anaesthesia, morphia gr. ¼ is given hypodermically and followed immediately by the intravenous administration of 7½ grs. of sodium amytal. Under the influence of this sedative the patient goes sound asleep and during this time enemata may be given,

and if the patient has been vomiting, gastric lavage is advisable. The effect of the sedative may wear off in three or four hours. If so, the above hypodermic and intravenous sedative may be given again. In very severe cases, almost complete anuria may develop; 50% glucose, 50 c.c. every six hours is a valuable diuretic in these cases; it also supplies carbohydrate in a concentrated form and so protects the liver against possible involvement.

After the convulsions have been under control for ten hours, labour may be induced by bag induction. Caesarean section is definitely contra-indicated in the treatment of eclampsia; the mortality of the operative treatment is 100% greater than that of the conservative method. The use of sodium amytal intravenously in the conditions is one of the outstanding advances of recent years and its effect on lowering maternal mortality is already evident.

NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

With the announcement of the Scholarship for 1936-37 our interest in the Foundation is renewed, and, we hope, stimulated. Copies of the brochure prepared by Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association, have been sent to the provincial conveners and it is hoped that the information contained in this leaflet will go far in creating interest as well as giving a better understanding of the aims and objects of the Foundation.

We have reason to feel satisfied with our second year's efforts and we look to the members of the Canadian Nurses Association as well as to the future members—the undergraduates of today—to show their appreciation of the Founder of our profession by subscribing generously to this memorial. We must

remember the obligation accepted by the members to contribute a sum sufficient to defray the expenses of a scholarship annually for five years and a like sum (\$1,250.00) towards the endowment fund. May we hope for a response to this third appeal equal to that of the second year?

The following contributions are gratefully acknowledged:

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INTERNATIONAL FRIENDLINESS

JEAN E. BROWNE, Convener, Exchange Committee of the Canadian Nurses Association.

The Canadian Nurses Association has had several opportunities, in co-operation with the other national nurses' organizations, of contributing to the great world movement of promoting international friendliness. One such opportunity has come through the work of the Exchange Committee. This committee was appointed following the biennial meeting in Regina in 1930. It began work very cautiously, and, after drawing up certain regulations for this new undertaking, it approached the nursing organizations in English-speaking countries which were affiliated with the International Council of Nurses. The College of Nursing, England, at once replied that, although they could not send British nurses to Canada on an exchange basis, they would gladly arrange periods of observation for a limited number of Canadian nurses, and would be pleased to avail themselves of the opportunity of sending their nurses to Canada on a reciprocal basis.

So the experiment began. Two nurses from Montreal were the first to ask for arrangements to be made for them in England. Each of them stayed approximately six months. They were both so enthusiastic over the experience gained, the hospitality extended to them, and the courtesy shown them at every turn, that the committee felt the experiment had got off to a very good start. Since then, four other Canadian nurses have had courses arranged for them by the College of Nursing in the British Isles. Only one of this number asked for experience in public health nursing. The others observed methods in teaching and hospital administration.

One English public health nurse, Miss Dorothy Wood, came to Canada for a period of six months; she was sent on a scholarship by the Halifax (Yorkshire) branch of the College of Nursing. Miss Taylor and Miss Holland, both of Guy's

Hospital, London, spent approximately two months in Canada, and the rest of their three months' period of observation in the United States. Arrangements were made for Miss Ida Heany of the London Hospital for a short period in Toronto and Montreal hospitals.

In addition to these four English nurses, the Exchange Committee, through the special co-operation of Miss Beatrice Austin, superintendent of nurses of the Hospital for Sick Children, Toronto, arranged a course of approximately eight months in children's work for a French nurse recommended by Mlle. Chaptal, past president of the International Council of Nurses. During the past summer, Miss Sigridur Bachmann, a Red Cross nurse from Iceland, and Miss T. M. Rees, Matron-in-chief of the Southern Rhodesia Nursing Service, visited Canada and had periods of observation arranged for them by the committee.

The Exchange Committee has a strong personnel, all of whom have made great contributions to its work. The members are: Miss Beatrice Austin, superintendent of nurses, Hospital for Sick Children, Toronto; Miss Kathleen Ellis, formerly superintendent of nurses, Winnipeg General Hospital; Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital; Miss R. E. Hamilton, superintendent, Junior Red Cross in Ontario; Miss Nora Moore, director, Department of Public Health Nursing, City Health Department, Toronto; Miss Mabel F. Hersey, superintendent of nurses, Royal Victoria Hospital, Montreal; Miss M. K. Holt, superintendent of nurses, Montreal General Hospital.

Most of our visitors have been guests of Miss Hersey and Miss Holt in Montreal, and of Miss Gunn in Toronto, and they have been most appreciative of this hospitality.

For the last year, negotiations have been carried on with the South African

Trained Nurses Association for an exchange of staff nurses on salary. At the end of May, arrangements were almost completed for two Canadian nurses to leave for South Africa, and for two South African nurses to come to their positions in the University Hospital, Edmonton, and the Montreal General Hospital. Unfortunately, at the last minute, the arrangements had to be cancelled by the South African Trained Nurses Association on account of the language question of a political nature. The latest word from South Africa is to the effect that the Association has managed to overcome these difficulties, and will soon be ready to renew negotiations.

The committee, of course, assumes no financial responsibility. The nurses who have taken the courses arranged by the College of Nursing have either gone at their own expense, or at the expense of their hospitals. Due to the extreme courtesy of the hospitals in the British Isles where they have taken these courses, their living expenses were reduced to a minimum.

In reviewing the whole problem of the exchange or observation visits of nurses, we are reminded of the statement made by Dr. A. V. Hill, Foulerton Research Professor of the Royal Society, London, England, regarding the unique opportunity shared by the medical and nursing professions in the great work of international goodwill:

I believe that the pursuit of knowledge, for the welfare of the race, is one of the greatest agents of goodwill between men in every land. Our theories may be wrong—which does not matter much; our observations may not prove accurate enough—which is bad; our experiments partial and misleading—which is awful; but the fact that we have marched side by side in an honest endeavour to conquer ignorance, that we have sailed the unknown seas together in search of adventure and truth, and that we have learned to understand and love one another not only as fellow workers but as fellow beings—these things cannot fail to draw us together and so to minister to the welfare and comradeship of the different varieties of men. Such at least is my firm faith. I see in science and medicine more hope of co-operation between the nations than in any other field of human endeavour.

ANNUAL MEETING IN NEW BRUNSWICK

The Annual Meeting of the New Brunswick Association of Registered Nurses was held in Fredericton on September 17 and 18, with a large attendance. The president, Miss A. J. MacMaster, presided and a cordial welcome was extended by Mayor Clark, to whom Miss MacMaster graciously replied. Dr. Roberts, Minister of Health for New Brunswick, presented an outline of a health programme and asked for co-operation in efforts which will be made to combat cancer and provide care for the mentally deficient. Miss MacMaster stressed the problems yet to be solved by

the nursing profession and asked for unrelaxed efforts in finding solutions. The report of the secretary-treasurer-registrar, and the secretary of the Board of Examiners, was read by Miss Retallick. An effort to organize a Chapter in the northern area has not so far been successful, but efforts are being continued. Discussion took place concerning the following topics: the establishment of regular inspection of nursing schools; the inclusion of a course in psychiatric nursing for all students in schools of nursing attached to general hospitals; the continuance of efforts to secure the co-operation of the

New Brunswick Hospital Association with the New Brunswick Association of Registered Nurses in establishing higher educational standards for schools of nursing. The auditor's report and the treasurer's statement showed that the Association's finances are in a sound condition. Reporting for the Provincial Nightingale Memorial Committee, the convener, Miss Coleman, stated that the amount pledged for the year had been oversubscribed and a balance remained towards the next year's amount.

In the evening the members were guests of the Fredericton Chapter at a banquet, after which a splendid address was given by Miss Marion Lindeburgh, entitled "A Challenge to the Profession." This able and gracious speaker provided a mental banquet with her challenge to nurses to do their part in the reconstruction of nursing education and in developing an adequate nursing service.

The following morning was devoted to the reports of the various sections. Miss Burns reported progress for the public health section, and papers were presented by three public health nurses all of whom are attached to the Saint John Health Centre. The topics and speakers were as follows: "School Nursing"; Mrs. G. E. van Dorsser; "Tuberculosis Nursing"; Miss Alice Hegan; "Child Welfare Nursing": Miss Martina Wallace; "Venereal Disease": Miss Lawson. A splendid report of the activities of the nursing education section was read by Reverend Sister Kerr, convener. Progress was definitely recorded. Miss McMullen, convener, gave the report of the private duty section. A paper on eight-hour duty was read in connection with this report, written by Miss Ruth Manning of Saint John. *The Canadian Nurse* was reported upon by Miss Maisie Miller, convener; of a membership of 509 members in good standing, only 101 are subscribers to the *Journal*, showing that New Brunswick nurses are not giving it

the support which it deserves. Correspondence was read at this time from the editor in the interest of launching a vigorous provincial campaign. Miss Agnes Carson, convener, read the report of a committee appointed to consider the establishment of a central registry.

At noon the members were again guests of the Fredericton Chapter of Registered Nurses at a delightful luncheon. Following this, the members of the Executive Council met with a committee of the New Brunswick Hospital Association and held an informal discussion of the educational standards for nurses as approved by the New Brunswick Association of Registered Nurses and also the proposed standard presented for consideration of the meeting by Mr. Gilbert, president of the New Brunswick Hospital Association. The latter proposal did not meet with approval from the members of the nurses committee and further discussion is to be arranged. At the afternoon session, Miss Brophy, convener, presented the report of the committee on constitution and by-laws and certain amendments were approved. The following resolutions were passed:

That due to economic conditions in New Brunswick, it is recommended that private duty nurses who are members of the New Brunswick Association of Registered Nurses give nursing care to needy cases; that the nurse render her bill in full, but she may be justified in accepting whatever amount the patient may be able to pay, the urgency of the case to be left to the discretion and honour of the nurse; that she does not lose her standing in the Association.

That the New Brunswick Hospital Association be asked to consider the making of a rule that private duty nurses doing special duty in hospitals be allowed to do only twelve-hour duty.

That sub-committees on National Enrolment be formed in each Chapter.

That eight-hour duty is not practical at the present time in New Brunswick.

That owing to the amount of detail involved, the plan of having the Registrar make a yearly visit to nursing schools in the province be referred to the incoming executive.

The following officers, conveners and council members were elected to serve for the coming year:

President: Miss A. J. MacMaster; first vice-president, Mrs. G. E. van Dorsser; second vice-president, Mrs. A. G. Woodcock; hon. secretary, Rev. Sister Kenny; Conveners: Public health section, Miss A. A. Burns; private duty section, Miss Mabel McMullen; nursing education section, Rev. Sister Kerr; constitution and by-laws committee, Miss S. E. Brophy; *The*

Canadian Nurse, Miss Maisie Miller; Councilors: Saint John, Miss Margaret Murdoch, Miss Florence Coleman; Fredericton, Mrs. A. G. Woodcock; Moncton, Miss Maisie Miller; Bathurst, Miss M. Edith Stuart; Newcastle, Mrs. Duffy; Campbellton, Rev. Sister Kerr; Woodstock, Miss Elsie M. Tulloch.

An invitation from the Moncton Chapter of Registered Nurses to hold the 1936 annual meeting in Moncton was unanimously accepted.



FROM AN "OLD DAME"

We rather expected some response to a recent editorial entitled: "Why They Stay Away," and we have not been disappointed. An "old dame," for whom we have considerable respect, states the case for her contemporaries with the force and directness which are characteristic of the old school.

First may I congratulate the nurse to whom you have given the name of "The Young Idea" on her courage in saying out loud what most of her companions only mutter about. It is true that "the old dames" do exercise considerable influence in our nursing organizations and, after all, why should they not do so? In this category will be found many of the women now filling key positions. It would be a distinct loss if the older women did not participate in the activities of our nursing organizations. I say participate, not dominate, for it is there that the real difficulty lies. The exercise of power over a long period makes it difficult to participate without dominating and those who are accustomed to wield authority over others do not react well to an atmosphere of free discussion, much less of criticism. Have patience with us; we are learning.

Now that I have freely confessed some of our own weaknesses may I ask "The Young Idea" some frank questions? Why is it that so few of them can think and speak on their

feet? Most of them have had far better teaching in this respect than their elders. Why is it that more of them affect an air of contemptuous boredom when asked to help in association projects? Why do they so often promise to do a certain piece of work and, when the time comes to deliver, fall down on the job? Why do they refuse office when it is offered to them and then illogically complain that "the same set of old dames run everything?"

While I am about it I may as well say a word or two about our young married nurses. They are in an exceptionally favourable position to interpret nursing in the community. Their attendance at meetings would give us the "lay point of view" we so badly need. Are they measuring up to their opportunities? With a few brilliant exceptions, they are not. If they pay their dues and contribute a cake or a salad to an occasional festivity they think they are doing nobly. Some of them do not even do that. I should like to know how many of the subscribers to *The Canadian Nurse* have the honourable title of "Mrs." before their names? Mighty few, I am sure. This is not a display of envy and spleen on the part of a sour old dame. I understand perfectly how household and family duties must fill the day to overflowing. I only regret that so many of our "young ideas," married and single, do not realize how rich a contribution they might make to nursing in bringing to it the inspiration and energy of youth.

THE EDITOR'S DESK

The Campaign

In our leading article, Miss Ruby Simpson, President of the Canadian Nurses Association, launches the campaign for increased circulation of this *Journal*. Later on we shall have a good deal to say about this enterprise but at this time we shall confine ourselves to acknowledging with humility and gratitude the generous tribute paid by Miss Simpson to the editor. In "A Call to Action" there breathes the spirit which we trust will characterize the campaign itself. There is a frank realization of the difficult task we have set ourselves. There is no shallow optimism but rather a quiet confidence that we shall win through.

A Good Precedent

It is very interesting to note that, in October, a new precedent was established by the publication in *The Canadian Medical Association Journal* of an article on nursing, written by a nurse. The title is "Nursing Care in the Home Within the Patient's Ability to Pay," and it deals with the organization and functions of the Victorian Order of Nurses for Canada. The author is Miss Elizabeth Smellie, Chief Superintendent of the Order, and it goes without saying that the article is both illuminating and readable. Miss Smellie also had the honour of attending (in the capacity of a visitor) the meetings of the Council of the Canadian Medical Association during the recent conjoint meeting of the American Medical Association and the Canadian Medical Association.

There is in this same number yet another sign (of minor importance but nevertheless significant) that members of the medical profession are coming to recognize nurses as useful collaborators. At the conclusion of his article on "The Galactose Tolerance Test as an Aid to Diagnosis in Jaundice," Dr. E. H. Bensley of Montreal acknowledges his debt to nurses as follows:

The writer wishes to express his obligation to Miss Florinda Matheson and Miss Eunice MacDonald, who were responsible for the collection of specimens and the nursing duties in connection with these tests.

The ungrudging service rendered by nurses in connection with research projects does not always receive the recognition it deserves.

Reader's Guide

Miss Florence Kelsey, nurse-in-charge of the metabolic ward of the Obstetrical Division of the Toronto General Hospital presents, with admirable clarity, some recent observations on the toxæmias of pregnancy. Δ Miss Jean E. Browne, convener of the committee on exchange of the Canadian Nurses Association, shows how the cause of international friendliness can best be promoted. Δ Miss Margaret E. Orr, superintendent of the Shriners' Hospital in Montreal, gives us the first of two interesting articles dealing with orthopaedic nursing. Δ Three articles, describing an experiment in rural public health nursing, give a picture of pioneer conditions which stirs the imagination. Miss Kate Brighty, superintendent of the public health nursing branch of the Alberta Department of Public Health, has written the introduction. Miss Marjorie Maynes adds her vivid personal record and Mrs. Eva Sheridan gives us the lay point of view. Δ Dr. G. E. M. Hilton, of the Department of Otolaryngology in the Montreal General Hospital, gives some excellent advice on the care of a condition which does not always receive the attention it requires. Δ In "Notes from the National Office" the approach of the Biennial Meeting begins to make itself felt. Δ If you are spoiling for a fight turn to our correspondence page and read "A Provocative Comment." Δ Too late for classification comes the announcement of examination results in British Columbia. These appear on page 529.

ON THE TRAIL OF ADVENTURE

Chamba,
India,
June, 1918.

Dear E.,

Here we are, dropped 3,000 feet into a native city all on its own and surrounded by the everlasting snows. The road runs past our door to China via Thibet, and one day our host stepped on a leopard as he crossed the threshold. There are age-old Hindu temples lit by electricity! You find *Punch* in the Rajah's pet club, and yesterday I was taken to call on the Rani in strictest "purdah." She was a bewitching little personage, absolutely stiff in red silk that would have stood alone, and so loaded with jewellery that she tinkled as she moved. We "visited" politely for about fifteen minutes then joyfully sought the open air after the perfumed atmosphere of the palace.

Our journey here was full of thrills. We left Dalhousie duly mounted on hill ponies which insisted on trotting precariously on the outside edge, the *khud* falling steeply thousands of feet below us. I endured this for the first day and forgot my alarms when we fetched up at Kajiari, a perfect dream of green grass and lake in the midst of deodars on the Himalayan slopes. At one end stand the *dahk* bungalow of His Highness of Chamba, and at the other is one reserved for *sahiblog* in general. Here we encamped for the night and spent a blissful evening on the fringe of the forest, and a night on the verandah where we were alternately soothed to sleep and roused to wakefulness by the forest sounds. We left bright and early next morning and immediately started to descend a precipice, head first. My pony still persisted in his outside-edge tactics so I left him to it, dismounted, and found myself rushing with great speed into the valley. Arrived at the bottom I mounted again, and rode into Chamba, with I hope, more appearance of ease than I felt. But I'm being carried up to Kajiari in a "dandy" when we leave tomorrow!

Our time on the heights is nearly over, and in a few days we descend once again to the plains.

Till then, *au revoir*,

L.

Kholapur,
Southern Maharatta Country,
India,
July, 1918.

Dear E.,

We have been seeing life from two angles. First, as missionaries, when we visited the American Presbyterian Mission at Mirij and

stayed with a delightful missionary and his wife. We paid long visits to the splendidly run mission hospital where Dr. Wanless reigned supreme, and to the leper colony where the inmates looked happy and contented amidst most cheerful surroundings. And second, under the wing of Col. C., the Political Agent, and his wife. With them we travelled to Sangli on a state visit to His Highness the Rajah. "God Save the King" greeted us as we drew up at the red-carpeted station and gorgeous state officials garlanded us with sweet smelling flowers and besprinkled us with costly perfumes—attar of roses at a guinea a drop. Thereafter we drove in a state coach with outriders in scarlet and gold, through crowded streets to the palace where we had our respective suites. After Col. C. had paid and received the state visits, and I went off, slightly less resplendent, to call on the Rani. She was emancipated and hardly *purdah* at all, and we were received in a long low room, white panelled and hung with sea-green watered silk, with great bowls of Indian silver full of roses about everywhere! The Rani herself was the fairy queen come true. She was slender and fair for an Indian with a charming oval face and wonderful brown eyes. She wore a *sari* of palest shell-pink bordered with gold, and her ornaments were earrings, bracelets and a long chain of pearls and emeralds. We chatted in English and saw the two children, a boy and girl, both under the care of an English nanny, a soldier's widow. After our visit, came the Rani's return one in her state coach—this time wearing a blue and silver sari.

Now we are back leading a most peaceful and pleasant existence at the above address. We garden vigorously each morning after an early *chota hazri*. They are successfully turning an uninteresting and stony field into a place of beauty. Col. C. is kept busy with state affairs with the aid of an important gentleman called a *sheristader*, a kind of glorified head clerk.

At 11 we have tiffin with unlimited mangoes. Then comes work for Col. C. and A. on a wonderful dictionary, while I carry on with more feminine pursuits. Sometimes Col. C. reads aloud, and there is much chess. At 3 comes tea on the verandah and afterwards we set out for golf. The monsoon is on us so we play most often in rain which is rain. Two fore caddies hold our umbrellas and spot (or don't) our balls; four puttiwallahs carry our clubs and we follow on. When golf is off we go over to the gymkhana for billiards and after dinner there is bridge on the verandah. Round us the frogs croak, and insects at-

tracted by the lamp light get themselves into difficulties. Lizards wait patiently on the walls, scurrying at lightning speed after any incautious winged thing. Occasionally, in their cages in the Maharajah's compound, the lions roar. Now and again a cobra finds its way into the garden and there is a general stampede and demand for guns. Bul-buls build in the bushes, and we have tamed two baby things that twitter and chuckle and are too fascinating for words. They fly all over the place, have baths in a finger bowl on the verandah, and scold vigorously at snakes, kites, centipedes and such from the safe shelter of our necks.

Sunday brings the Padre to breakfast and there is service in the little church where Col.

C. plays the organ; and we finish up the day with music.

And now for bed.

Yours,
L.

[*Editor's Note:* These letters were written to a friend by Louie Brice (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses, the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands.]

Correspondence

A Provocative Comment

Dear Editor:

As evidence of the fact that a mere man reads your great family journal, will you please tell me in what way the "Response to Criticism" appearing on page 408 of the September issue, has anything to do with health teaching—not aesthetics, mind you, but real health teaching. Apparently no one in the Vancouver General Hospital has ever heard of the famous debate on the subject of whether a clean tooth will decay.

Thanking you in advance for the privilege of starting a first class row and therefore distracting attention from such small matters as the political campaign and the situation in Ethiopia, I remain,

Sincerely yours,

NORMAN L. BURNETTE, Assistant Secretary,
Welfare Division, Metropolitan Life Insurance
Company, Ottawa.

From New Zealand

Miss Ethel Greenwood has been kind enough to share with the *Journal* the well merited compliment paid her in the accompanying letter:

Dear Madam:

I was very much interested in your article from *The Canadian Nurse*, January, 1935. I am starting a new health district in New Zealand, where I shall have a large Maori

population, also a large number of educated Europeans who are keenly interested in child welfare. I am of the opinion that your little plays and radio talks would prove attractive and helpful to both classes. I would be grateful if you could tell me where I can obtain copies of these interesting aids to health.

Yours sincerely,

F. W. W. DAWSON,

Medical Officer of Health,
Hamilton, New Zealand.

Journals Wanted

The following issues are lacking to complete my set of the *American Journal of Nursing*. Would it be possible to have a request for these copies go into the correspondence section of *The Canadian Nurse*? Also, in case certain copies of *The Canadian Nurse* are desired for libraries, we have some available.

Copies of the *American Journal of Nursing* wanted by M. Cordelia Cowan, who is willing to pay for either the single copies as listed or for the volumes containing these issues:

For 1907: October, November, December;
for 1908: March, May, June, July, August,
September; for 1910: January, February, June,
July; for 1911: February; for 1913: September.

M. CORDELIA COWAN,

Woman's Hospital, 141 West 109th St.,
New York City, U.S.A.

Department of Nursing Education

ORTHOPAEDIC NURSING

MARGARET E. ORR, Reg. N., Superintendent, Shriners' Hospitals for Crippled Children, Montreal Unit.

The problem of the cripple is so complex that the enthusiastic co-operation of all workers is required if the unfortunate individual is to take his place in the community as a self-supporting and independent citizen. Moreover it demands an approach of a constructive nature, as the chronic case must be dealt with from a different angle.

It is obvious that the general hospital, with its need for a rapid turnover of patients, could not lend itself to the lengthy hospitalization required for the orthopaedic case. Various surveys have shown that many thousands of crippled children could never receive treatment at the time most suited for it, that is during childhood, unless someone came to their aid; therefore it was necessary to build and equip hospitals, or set aside special departments in general hospitals, for the exclusive use and treatment of orthopaedic conditions.

The Shriners' Hospital for Crippled Children, Montreal Unit, is one of such a group, owned and operated by the Ancient Arabic Order of the Nobles of the Mystic Shrine of North America, and serving the crippled and underprivileged children of the United States and Canada. Approximately 18,000 children under fourteen years of age have received treatment as in-patients in these hospitals. The patients are drawn from a wide area, as each hospital in the group has its own territory. There is no international border-line; for example, this particular hospital serves all of Eastern Canada and the northern part of the States of New York and Vermont. The requirements for admission indicate the policy of the hospital:

It matters not the creed, race or colour of the child.

The child must be under fourteen years of age and mentally normal.

The parents or guardians must be totally unable to pay for all or any part of the treatment. No pay or part-pay patients are admitted.

The condition must be such that there is a reasonable hope either of cure or of being materially helped.

The chief problem is that of transportation, but co-operation from those sponsoring the children and special consideration from the railways contribute to overcome the financial difficulty of bringing the children back and forth for treatment. Frequently, several short periods of hospitalization for treatment suffice, and the child is returned to his home in the interval, wearing a plaster cast, brace or other appliance. On the other hand, prolonged hospitalization, particularly in cases of tuberculosis of the bones, is necessary in order to obtain the desired result. Other factors contributing to lengthy hospitalization are undesirable home conditions, lack of medical supervision and distance.

During the ten years this hospital has been in operation, in over a thousand individual admissions, 25.4% were due to infantile paralysis, 45.5% to congenital and birth injuries, of which 14.4% were congenital club feet. The remaining 29.1% were made up of acquired conditions such as mal-union of fractures or burns with extensive scarring.

Orthopaedic nursing experience seems most valuable to the nurse who has a real interest in children and who, in addition, has a mechanical turn of mind. Inasmuch as deformities are best treated while the child is under fourteen years of age, the young nurse has an excellent opportunity of studying the normal child at all stages of his mental and physical development.

While he may have physical disabilities, he is not by any means a "sick child" in the ordinary sense of the word, with the possible exception of a few days following operative treatment or during any illness that may develop during his stay in hospital. The nurse will also learn that the crippled child should never be made to feel that he is in any way different from the ordinary child, because eventually many will regain at least a large

thing as selecting and wearing a dress of her own choice has a stimulating effect on any little girl. How much more so for these children, many of whom have been accustomed to the minimum in the way of personal adornment?

Orthopaedic surgery demands a highly specialized type of nursing service if the best results are to be obtained. While the nursing field is obviously limited, it nevertheless demands a combination of



PLAYGROUND AT THE SHRINERS' HOSPITAL, MONTREAL

measure of efficiency, if not a total recovery. A sense of inferiority might indeed prove to be a more serious handicap in the future than the previous physical disability.

Great care is taken during hospitalization to help the child to develop normally and every effort is made to create only those situations in which he may express himself in as normal a manner as possible. Therefore, in the school-room, occupational therapy department and ward, each child is encouraged to do and perfect the thing for which he has a special aptitude. For example, such a simple

technical skill and keen psychological insight. Dr. W. G. Turner, chief surgeon of this hospital and professor of orthopaedic surgery at McGill University, has said that the successful orthopaedic surgical nurse is one who primarily has an intelligent understanding of the mind of a child and who can readily adjust herself to his point of view and gain his confidence.

The hospital recognizes its responsibility for offering certain educational privileges to the undergraduate student and to graduate nurses. An intensive course, covering a period of two months,

is available for the nurse desiring this experience. Careful supervision and teaching is given by specially qualified nurses, who by a system of rotation, are transferred at intervals from one department to another thus ensuring a variety of experience and freshness of outlook. The value of a positive health programme for the staff as well as the patient is emphasized, stressing the importance of vaccination and immunization against infectious diseases. For the nurse, periodic X-rays of the chest are a protection for the patient and the nurse herself.

Nursing Skills

The maintenance of medical asepsis is a matter of routine. The use of cubicle technique protects the patients from one another, from the nurses and doctors attending them, and from the public. New patients are isolated for two weeks following admission. Modifications of routine nursing procedures are necessary due to the nature of the work, such as careful attention to plaster casts to prevent swelling, irritation or pressure sores. Thorough knowledge must be acquired of how braces and splints are made, what they are intended to do and their proper application and fitting.

Special care must be given to patients suffering from tuberculosis of the bones and joints, where a curved or a straight Bradford frame or Buck's extension is used. The careful handling of patients where overcorrection in a fixed position is required, and at the same time, maintaining the comfort of the patient and giving adequate nursing care under unusual conditions, require a high degree of nursing skill.

Skilled adjustment and manipulation of the various kinds of apparatus must be perfected; for instance, the making and applying of a Buck's extension according to the surgeon's orders, also the plaster bandage, its preparation, application and specific uses. The many adaptations of

ordinary bed-making, to suit the various types of apparatus used in orthopaedic hospitals, must be learned.

The nature of the special pre-operative and post-operative care must be studied as must the observation of surgical technique in the operating room. The nurse will soon realize that surgery is not the only method of treating orthopaedic conditions and that much may be accomplished by hydrotherapy, physiotherapy and corrective devices such as casts, braces and splints. Great stress is laid upon the general care and management of children and the importance of a plain, wholesome and well balanced diet.

Lectures are given by a staff surgeon outlining the cause, care and treatment of the various conditions treated; these are amplified by nursing class and ward teaching to demonstrate the co-relation between theory and practice in each type of case. Ward clinics are given by the chief surgeon and his staff and a visit to the brace-maker's shop is made in order to observe methods of designing and making braces and splints.

Follow-Up

Through a follow-up committee, composed of the Shriners themselves, vigilant supervision is carried on in the home, following the child's discharge from the hospital. In addition, plans have been made recently to check up, as far as possible, children treated during the last ten years so as to ascertain if anything further might be accomplished elsewhere if they are beyond the age limit for admission here.

In conclusion it may be said that the results in orthopaedic surgery, though in many cases long delayed, are none the less a source of profound satisfaction to all concerned.

[*Editor's Note:* A second article describing, in detail, the nursing care of an unusual and interesting orthopaedic case will appear in an early issue.]

Department of Public Health Nursing

AN EXPERIMENT IN RURAL NURSING

KATE SHAW BRIGHTY, Superintendent, Public Health Nursing Branch,
Department of Public Health, Province of Alberta.

In 1934, the Alberta Association of Registered Nurses undertook the responsibility of providing temporary employment, with a small remuneration, to a graduate nurse from an Alberta school of nursing. A committee was appointed to undertake this endeavour and three basic principles guided their plans: the scheme should provide employment for a nurse within the province; it should meet a community need; the service should be kept under supervision.

Cognizant of certain trends in the development of state health insurance, the committee turned to the Alberta provincial public health nursing branch for a field in which to develop their plans. District nursing in isolated communities under the direction of the Department of Public Health has been active since 1919 and the nurse doing this type of work centres her attention upon infant and maternal welfare. For those who are cut off from medical and hospital care, a programme of obstetrical service is developed, first aid in the community is given, and the rural school is safeguarded by an annual inspection with periodic campaigns of inoculation and vaccination.

Some one hundred and twenty miles south-west from Edmonton is a territory which has rapidly been developed by new settlers and is immediately adjacent to a well developed provincial nursing centre. This new settlement is known as Alder Flats. The growing demands of the community upon the provincial nurse, fifteen miles distant, became an increasing burden both to the nurse and to Alder Flats. The committee visited the district and offered to enter into a temporary agreement that the community should build a cottage for the nurse to live in and should

also provide fuel, water and transportation. To the uninitiated this might appear a tax on the people, but with the logs from the heavy standing timber, a gift of lumber from local mills, and the united efforts of the community, the work was accomplished. The axemen came originally from Scandinavia, the plane and saw were in British hands, and the entire four-room interior was plastered by the clever hands of women of the Ukraine. Home-made cupboards, tables, doors, and window casings were added and we have a cottage to be proud of. The women of the community, from their own meagre supplies, gave a shower of small household requisites; lamb's wool comforters, pots, kettles and frilly curtains found their way to the cottage. The committee was fortunate in having a donation of larger pieces of furniture from outside sources.

Alder Flats has not yet arrived at the status of a village but represents a large homesteading community. The little centre consists of a post-office, the nurse's house, a school with thirty children in attendance, and a store. Five miles to the south-east is a logging mill, operating in a stand of timber which will provide employment for twenty years. At present there is no telephone or telegraph communication with the "outside", but the mail carrier comes in twice a week with the news from the world outside.

East from this centre, and fifteen miles distant, lives Miss Conroy, provincial district nurse, who is a member of the Alder Flats Nursing Committee. She has had public health training and possesses years of experience in the type of work she is doing. Miss Conroy supervises the Alder Flats centre, directing and advis-



STARTING HER ROUNDS

ing the new nurse. The first nurse to be sent by the Association to Alder Flats was Miss Marjorie Maynes, a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, and a resident of Calgary. Before entering upon her work, Miss Maynes stayed with Miss Conroy doing some practical bedside work under her direct supervision.

Alder Flats was Miss Maynes' home for five months but although shut away from the outside world, days are never

monotonous. The nurse's house is a rendezvous for all who pass by. Not only must questions of health be talked over, but various social problems as well. Joys and sorrows must be entered into, and a cup of tea with feet drawn up to the gas tank is often more efficacious than medication from the well-stocked dispensary. At the conclusion of Miss Maynes' term, the second nurse, Miss Jean McKinley, a graduate of the School of Nursing of the Medicine Hat General Hospital, entered into the work with the same routine of visiting the provincial district nurse before taking up residence at Alder Flats.

This experiment has given first-hand experience in field work, it has stimulated initiative and has given employment under supervision. It may lead to a wider development of nursing service within the province for it has proven of untold value to the community in which it has been carried on.

[Editor's Note: The two succeeding articles, "Alder Flats" by Miss Marjorie Maynes, and "Depression Plaster" by Mrs. Sheridan, round out the picture, given by Miss Brighty, of a characteristically Western enterprise. Miss Maynes is "the nurse herself" and Mrs. Sheridan is one of the many Western lay women who make such plucky experiments possible.]

DEPRESSION PLASTER

EVA SHERIDAN, Secretary, Alder Flats Local Nursing Committee.

Mrs. Sheridan is the secretary of the Alder Flats local committee and gives an amusing insight into the resourcefulness of pioneer communities in Alberta. Here is her comment:

The community of Alder Flats feels greatly indebted to the Alberta Association of Registered Nurses for sponsoring this work. Every endeavour has been made by the homesteaders to make a comfortable and convenient cabin, all the work being carried on by voluntary labour with donations of lumber, building hardware and some furnishings, thus making a very small outlay of cash necessary. The cabin has recently been treated to a good coat of "depression plaster" which, with the addi-

tion of a cement and field-stone chimney before the winter sets in, should give our nurse a warm home. The expression "depression plaster" perhaps needs a little explanation. It is made after the Ukrainian style, of local mud and straw, worked together by trampling upon it with the feet. The mixture is thrown by handfuls at the walls, the impact with the wall causing the mud to spread and sink into the cracks. The women usually do this work, and they have helped with our cottage, but in this particular instance a group of young men did most of it. It is not uncommon, during a particularly hot, moist summer, for the walls to sprout grass, inches long, and in one instance, Miss McKinley declared she gathered some dandelion leaves on the bedroom walls.

ALLDER FLATS

MARJORIE MAYNES, Graduate of the School of Nursing of the Alexandra Hospital,
Edmonton, Alberta.

Allder Flats was just a name no one I knew had ever heard tell of. To me, however, it was far more than that: it meant a chance to begin public health work, something I always thought I would like to do. I still think so. Miss Conroy, the provincial public health nurse, received me at Pendryl and at once made me feel at home. I stayed with her for a month and worked under her supervision and instruction. The need for nurses in these outlying districts is only realized when one gets out among the people, some of them being miles from telephone or railroad. At certain times of the year the roads are impassable and it would perhaps be impossible to get a doctor in to the patient before it would be too late.

Following my short stay with Miss Conroy, I went to live in my cabin at Alder Flats and I will tell you about my first case in my own district. This case was a little out of the ordinary, and greatly out of place. I was called about six in the morning and, on the way to the house, the husband explained that both he and his wife and his wife's mother wished her to be delivered in the hospital, "just to be on the safe side in case anything happens." In spite of advice to the contrary, as labour was well advanced, they insisted upon going to the hospital, and we started out in a Ford. Instead of being born in a nice respectable home, or on the case-room table, the child was born in the old Ford on the main highway. Everything went along nicely, and "nothing happened," nothing alarming, I mean! The baby, a boy, will probably be one of those fresh-air fiends; at least, he had a good start.

Shortly after this happened, a case of chicken-pox was reported to me, and when I asked why the patient did not wish to see me, I was told that this person would never come to me about any-

thing as I had sent my first case to the hospital, and would likely try and send all other cases along the same path, and she wasn't going to go to any hospital just because of chicken-pox.

My home at Alder Flats was a new four-roomed log cabin, very nicely furnished. A large portion of the furniture had been sent from friends in Edmonton. My chief interest in the house during the cold weather was the heating facilities. The kitchen stove proved, with one try, that baking anything in the oven was an utter impossibility; early in life it had had something go radically wrong with its "innards," and had never undergone treatment or operation to remedy this trouble. Cooking on top could be made possible by gently stoking the small fire-box every five or ten minutes. On particularly cold mornings, this invalid became choked up and smoked, as an asth-



MAKING "DEPRESSION" PLASTER

matic patient would cough if the temperature were not just right. I put myself on a boiled and fried diet.

The heater was a great comfort, even if it did look like a geometrical drawing of a rhinoceros about to charge. You see, it was an oil drum, placed on its side, with four legs supporting it, and an opening in one end to feed it by. It ate plenty when the temperature was around 40° to 50° below zero but always kept the cabin nice and warm.

The school was just across the road with about thirty children in attendance. The school teacher and I became quite good friends and had a lot of good times together. My nearest neighbours were about a block away, so I never felt "all by myself and lonesome." I met some lovely people while there and everyone did their best to be nice and have me enjoy myself; they succeeded to such an extent that I was very sorry to leave. A great number of the people in the community are Ukrainian or Hungarian. At times we had great difficulty in making ourselves understood, but always seemed to manage somehow, although some of the ways of going about it were rather startling at times.

A bad accident happened during December; about seven in the evening a sleigh went over the end of a bridge and six people fell fifteen feet into a creek bed. The sleigh box landed upside down on top of them and one of the party had a four-inch scalp wound and was knocked unconscious. A little girl was suffering from slight concussion, another from a sprained wrist, and the others had minor injuries to legs, arms and backs. They were brought to the cabin by a neighbour whose home was close to the scene of the accident. Fortunately they all made a rapid recovery.

It isn't always a nice comfortable sleigh with a frisky team and warm fur robes that call for you to go on a case. On New Year's Day, I had just finished a

nice big dinner of turkey and all that goes with it, when a rig drove up to the door. No one knew who it was, so I knew it was for me, and I wasn't mistaken. One ancient and very tired horse pulled behind it a piece of home craft, built along the stream lines of a stone boat, in fact the only difference was that this vehicle had a board nailed along either side. The only covering provided was an old army coat which one of the men should have had on his back. The trip was through heavy timber and up and down steep cutbanks. At times we all had to get out and push on one side or the other of our sleigh to keep it from going off the road and into a creek bed. Gladys (the horse) fell down three times during the trip, and each time required a little more stimulation of various kinds before she would get up and carry on. It was very cold, and I was surely glad I had just got up from the table instead of just sitting down.

Hard Times

One meets many amusing and unexpected things doing this kind of work; I enjoyed it all immensely. The only depressing thing about it is the condition of the people. The majority of them are very poor. The children are undernourished and some are rickety, due to improper and unvaried diet. They are without enough clothing to keep them warm, and in some cases have not even enough bedding to cover them properly. We remedy these conditions as soon as possible when we find out about them, but it is very pathetic. These people are not ungrateful and appreciate what is done for them, perhaps more than we understand, or they can tell us.

Allder Flats hopes some time in the near future to become a regular district. They are certainly doing their best to work towards that goal, and I for one, wish them luck. Miss Jean McKinley is at Allder Flats now and I hope she is enjoying her stay there as much as I did.

Department of Private Duty Nursing

THE RUNNING EAR

G. E. M. HILTON, M.D., Department of Oto-Laryngology, Montreal General Hospital.

The running ear is a condition very common to mankind, and, although most prevalent during childhood, it may affect the newborn babe or the octogenarian of either sex. It is only within the last decade that the running ear has been accorded its proper respect. Even today, especially in the slums, the rural communities, and amongst the ignorant foreign population, a running ear is hardly considered worth bothering about and is slightly treated as one of many necessary evils. However, the more enlightened public today realize that a discharging ear is dangerous and necessitates immediate attention, so they forthwith go to their family doctor or some convenient clinic in their neighbourhood. It is sometimes unfortunate for the welfare of the patient that many general practitioners, nurses, and even relatives of the patient consider themselves competent to institute or prescribe treatment for one of these cases without in the first place consulting an aural specialist. There are many pitfalls for the unwary and it not infrequently happens that the poor harassed patient is brought to the ear specialist as a last resort and often at a time when the condition has passed on to the chronic stage or when some complication not amenable to treatment has made itself manifest.

Diagnosis

One of the most important things about a running ear is the necessity for immediate and proper treatment or supervision of treatment by an aural specialist. This is a fact that cannot be over-emphasized. It is the neglected cases, or cases subjected to improper and inadequate treatment, that are prone to develop distressing and often fatal complications. On the other hand, if the patient sur-

vives improper treatment, and the majority do, he most likely is left with a chronic suppurative otitis media, deafness or some of the annoying and disabling sequelae that usually plague the patient for the rest of his life. It must be admitted that there is a certain percentage of cases which, even with the most expert care, will not reach a favourable termination. However, these form a small minority when expert attention has been given in the early stages of the disease.

As there are numerous other conditions that may give rise to a discharge from the ear, aside from otitis media, it behooves the nurse or the patient to obtain expert advice. It is only after a correct diagnosis has been reached that appropriate treatment may be instituted which will produce the best results. As has been stated before, the ultimate result or outcome of a running ear depends largely on the efficacy of the treatment it receives. Unfortunately, cases treated at home, where the specialist has to leave the treatment in the hands of the unskilled parents, relatives or friends, do not progress as well as those having special nursing care or confined to hospitals. The nursing care in these cases is half the battle.

The discharges from the ear in these cases will vary according to the type and virulence of the infection present and to the length of time following the onset of infection. As a general rule the discharge is watery, serous or thin and blood-stained for a day or two following early rupture or paracentesis of the drum. The discharge then gradually becomes thicker and yellow in colour and may or may not be mixed with a variable amount of mucus. This is the purulent stage of otitis media. In a week or two, with a subsid-

ing infection, the discharge becomes more scanty, less purulent and non-mucoid in character and in children especially, may be almost entirely mucoid before the discharge stops. A favourable termination, where the discharge stops, the perforation begins to heal and the drum begins to assume its normal appearance, is to be expected within three or four weeks. In unfavourable cases the discharge continues after the three or four week period and the condition becomes a chronic one. It is these chronic suppurative otitis media cases that are so difficult to heal and that impair the hearing to such a marked degree. Thus, if intensive and proper treatment is to be instituted, it should be as early as possible and before the condition has reached the chronic stage.

Treatment

The treatment of these conditions necessarily varies somewhat in different clinics, but they all have the same object in view: keeping a free outlet for the pus and infection in the middle ear and thus minimizing complications and helping the patients to a speedy convalescence. There are two usual routine methods of treatment commonly called "the wet," and "the dry." The dry method consists in inserting a thin strip of dry gauze into the external canal so that the proximal end is adjacent to the opening in the drum and the distal end of the gauze at the outlet of the external ear canal. This strip of gauze by absorption and capillary action soaks up the discharge as it comes through the ear drum. This method has proven successful in some hands but has many disadvantages.

The wet method of treatment (the one most generally used), gives good results and, with the proper observance of a few essential points, can be carried out by any intelligent individual. This method consists, primarily, in washing the discharge out of the ear with some innocuous solution such as boracic acid. Where there is a profuse discharge filling the ex-

ternal canal, it is a good plan to first swab out as much of this discharge as possible with cotton applicators. When the excess discharge has been removed, four or five drops of pure hydrogen peroxide should be instilled in the ear and allowed to remain for a few minutes. This helps to loosen up any thick or dried discharge around the opening in the drum and in the external ear canal. Now the ear should be syringed with warm boracic acid solution. Blood heat is about the right temperature; hotter than this is liable to make the patient dizzy and uncomfortable. The ear should be well pulled backwards, outwards and upwards, thus bringing the external canal into the nearest semblance of a straight line. After expelling the excess air from the syringe the nozzle should be inserted into the external ear canal for a depth of from one quarter to one half inch. Now, still keeping traction on the auricle, the fluid is forced into the ear under a steady moderate pressure. On no account must the nozzle of the syringe be pushed into the ear so that it fits snugly into the external canal. There must always be enough space around the tip of the syringe for the escape of the fluid. A gentle up and down or rotary motion of the tip of the syringe as the fluid is expelled helps to set up swirls and currents in the external canal which will dislodge accumulations of dried discharge or exfoliated epithelium.

After using one syringeful of solution it is a good practice to dry the canal with absorbent cotton applicators and again instil some hydrogen peroxide drops. The syringing is again resumed and repeated until the return flow is clear. Now the external canal is carefully dried with cotton applicators. According to the stage and progress of the disease, alcohol drops may or may not have been prescribed as part of the treatment. If so, they are instilled after the syringing and drying of the ear and a small plug of cotton in-

serted into the entrance of the external canal. Some discharges are very irritating to the external canal and auricle so it is a good practice to apply vaseline or zinc oxide ointment on applicators to the external ear canal and auricle both before and after syringing. This will often prevent a troublesome eczema and helps to combat any maceration of the tissues. A piece of absorbent cotton, impregnated with vaseline or zinc oxide, is now inserted into the opening of the external canal and left there until the next syringing. While the discharge is profuse, the syringing will be frequent, but as the discharge decreases and the infection subsides, will become less frequent until ultimately only the alcohol drops may be necessary.

In long standing ear infections, where there is only a small amount of discharge, alcohol drops used two or three times daily may be all the treatment necessary. Where the discharge is very slight, insufflation of various antiseptic powders is used with quite good results.

Danger Signals

Any nurse or attendant entrusted with the care and treatment of one of these cases must always be on the lookout for any signs or symptoms that might point to some developing complication, and if anything untoward appears the surgeon in charge of the case should be notified immediately. The following signs and symptoms occurring in a patient with a running ear demand an immediate investigation to ascertain their cause; therefore, the nurse or attendant should im-

mediately notify the surgeon in charge of the case if they appear: sudden cessation of the aural discharge or a sudden increase of the discharge or change of character; pain, tenderness, redness or oedema over the mastoid area; severe headaches, photophobia, stiffness, pain or retraction of the neck; dizziness, chills or chilly sensations or a twitching, weakness or paralysis of the facial muscles. From the foregoing it will be seen that there are many signs and symptoms that may manifest themselves when the progress of the case is not as it should be. These signs and symptoms rarely occur singly but usually in varying combinations so that it is not difficult to tell when a case is not progressing favourably.

Associated Conditions

The running ear is in most cases secondary to some co-existing condition. It is frequently a complication of the exanthemata or enlarged tonsils and adenoids especially in children. Then again, colds, grippe and influenza often lead to ear trouble. Sinus infection and deformities of the septum and turbinates of the nose may often be a cause. An ear will often continue to run until these associated conditions are cleared up and it is attention to these conditions which is so important in after-treatment.

In conclusion, I wish to repeat that a running ear is a very serious condition, needing immediate expert attention and demanding proper efficient treatment. The earlier proper supervision and treatment is instituted, the brighter is the outlook for a favourable termination.



ON DUTY - OFF DUTY
NUGGET
 WHITE KID CLEANER
KEEPS WHITE KID WHITE!



Book Reviews

NUTRITION IN HEALTH AND DISEASE FOR NURSES, by Lenna F. Cooper, B.S., M.A., M.H.E.; Edith M. Barber, B.S., M.S., and Helen S. Mitchell, B.A., Ph.D. Published by the J. B. Lippincott Company; Canadian office, 525 Confederation Building, Montreal. 123 illustrations. 711 pages. Sixth edition revised and reset. Price, \$3.50.

The content is arranged to cover two courses. Parts one, two and four comprise the subject matter for the first course: Principles of Nutrition and Cookery. Part one consists of fifteen one-hour class periods, devoted to the principles of nutrition. Part two consists of fifteen short lessons on foods and is intended to cover the first half hour of a two-hour laboratory period, the remaining one and one-half hours being devoted to food preparation, the recipes for which are supplied in part four. Part three consists of thirteen one-hour lectures constituting the second course: Diet and Disease. This allows for one hour of review and one hour for examination in a fifteen-hour course.

This new edition is more than a revision. It has been entirely rewritten and reset. The addition of new chapters, new subject matter, new illustrations, new and improved tables in a revised order make it better adapted for teaching purposes. There is a good summary and review at the end of each chapter.

Part three has been expanded to allow for a more complete discussion of the metabolic disorders, the deficiency diseases and the newer points regarding dietary treatment of diseases in general, and there are a number of important and convenient new tables.

One chapter is devoted to a discussion on nutrition in relation to the public health programme now being carried on

in the United States. Public health nurses will find this helpful when advice must be given regarding the best use of a limited food allowance. Private duty nurses will discover some appetizing recipes in which the quantities are given in terms of the needs of one person. The book as a whole is highly recommended.

BACTERIOLOGY FOR NURSES, by M. A. Smeeton, B.Sc., M.A., Instructor in Bacteriology, New York University, and Bellevue Medical Schools. Fourth edition, revised. Illustrated. 324 pages. Price, \$3.60. Published by The Macmillan Company of Canada, St. Martin's House, Toronto.

Revision has made possible a re-organization of subject matter and the addition of new formulae and illustrations. The style is simple and direct and although there are no so-called "teaching aids" or summaries, the book will be found a useful and authoritative text.

PEDIATRIC TREATMENT. A manual of the treatment of the diseases of infants and children designed as a reference work, especially for the general practitioner. By Philip S. Potter, A.B., M.D., F.A.A.P. 555 pages. Price \$6.00. Published by The Macmillan Company of Canada.

Although this book is primarily intended for the use of physicians, nurses will find it a valuable reference. In division one, several chapters deal with nursing procedures and in division two the topic of nutrition is treated at length. Division three describes the treatment of the abnormalities of the newborn. Division four is divided into nine sections, seven of which deal with diseases associated with the various systems and the other two with communicable diseases and disorders of the organs of special sense.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

General Meeting

Twice within the past decade the Canadian Nurses Association has been privileged to hold a general meeting in a city that was celebrating its Centennial Anniversary of Incorporation. These cities were Ottawa in 1926, and Toronto in 1934. Now again the Association is to meet during civic celebrations when, in 1936, the members will assemble in Vancouver, which will observe its semi-centennial next summer. In a later issue definite information from the programme and arrangements committees regarding their preparations for the General Meeting will be available for these pages. It is suggested to members who are questioning "Where?" when contemplating a vacation next summer that the ever attractive western route be chosen. The dates of the Canadian Nurses Association General Meeting are June 29 to July 4, 1936.

Already the committee on arrangements is well organized under the convenership of Miss Kathleen I. Sanderson, of Vancouver. The members of the committee are: Misses Grace M. Fairley, Elizabeth G. Breeze, Cora Tretheway, Helen Randal, Margaret Duffield, Mary Campbell, Agnes MacLeod, Esther Paulson, Mabel F. Gray, Margaret E. Kerr, P. Mooney, Winnifred Cook, M. Ewart, A. McLellan, Mrs. G. E. Gillies, Mrs. Rae Gordon and Sister Therese Amable. The committee is subdivided into groups that will be responsible for registration, information, entertainment, transportation and professional exhibits.

Programme

As is customary, the President of the Canadian Nurses Association, Miss R. M. Simpson, is convening the programme committee. With the co-operation of the chairmen of the three national sections, there is under preparation a programme embracing national professional interests and centralizing specifically on the im-

mediate activities with which the Association is concerned.

Executive Committee

The Fall meeting of the Executive Committee of the Canadian Nurses Association was held in Regina, on September 28. The minutes of that meeting have not arrived at the National Office as these notes are being written so that the report dealing with that meeting is delayed.

Following the annual meetings of several of the Provincial Registered Nurses Associations a number of newly-elected officers become councillors of the Executive Committee of the Canadian Nurses Association. Each new councillor is welcomed to the Executive. It is anticipated that the contribution of each towards the direction of affairs of the national and provincial organizations will be equal to that rendered so well by her predecessor.

The Sections

The resignation of Miss Mary Chisholm as chairman of the Private Duty Section has been received and accepted with regret by the Executive Committee. Miss Chisholm's resignation is due to her leaving the private duty field. The vice-chairman of the Section, Miss Jean L. Church, of Ottawa, becomes acting chairman until the time of the General Meeting of the Canadian Nurses Association.

On account of illness, Miss Nora Nagle has been obliged to resign as secretary of the Nursing Education Section. Miss E. Frances Upton, of Montreal, who preceded Miss Nagle in office, will again act as secretary until the General Meeting next year.

Miss Dorothy Percy, of the staff of the School of Nursing of the University of Toronto, is replacing Miss Gladys Sharpe as convener of the Committee on Instruction of the Nursing Education Section, during the latter's absence while attending the courses offered under the auspices of the Nightingale International Foundation.

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION SCHOLARSHIP

A scholarship of the value of twelve hundred and fifty dollars (\$1,250.00) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1936-1937, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, living expenses at Florence Nightingale International House and a small allowance for incidental expenses. Courses are available for either:

- (1) Nurse administrators and teachers in schools of nursing.
- (2) Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

THE EXECUTIVE SECRETARY
Canadian Nurses Association,
1411 CRESCENT ST., MONTREAL

to whom completed applications should be returned not later than January 15, 1936, together with the necessary forms and credentials.

The award will be announced on April 1, 1936.

REGISTRATION OF NURSES Province of Ontario

EXAMINATION ANNOUNCEMENT

An Examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

MISS A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

The Superintendent of Nurses of one of the leading hospitals in the Dominion said in a letter of August 3rd, 1935: "We have used Williams' 'Anatomy' for some time now, as you probably know, and find it quite the best textbook for student nurses on the market."

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EXAMINATIONS FOR REGISTRATION OF NURSES IN MANITOBA

The University of Manitoba will conduct its semi-annual Examination for Nurse Registration on behalf of the Manitoba Association of Registered Nurses on November 12th, 13th, and 14th, 1935, at the University Broadway Buildings, Winnipeg.

Applications will be accepted only from graduates of recognized Hospital Training Schools who have completed their period of training.

For further information, address:—

THE REGISTRAR,
UNIVERSITY OF MANITOBA.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

MANITOBA

BRANDON: The Graduate Nurses Association recently held the first meeting of the year with Miss Dora Muir, the new president, in the chair. We had a delightful talk from Mrs. Kidd on the value of massage. Miss Bennett, convener of the hospital group, introduced the speaker of the evening, Mr. Bell, who gave an excellent address on "The Will to Peace."

WINNIPEG: A ten-day refresher course for public health nurses was recently arranged and directed by the Department of Health and Public Welfare of the Province of Manitoba. Conferences for staff members of the Department were held each morning and consisted of lectures and demonstrations by the director of nurses, Miss Elizabeth Russell, and the supervisors. Lectures were also given by members of the staff of the Division of Public Welfare which served the dual purpose of introducing the social aspect of the work and fostered interdepartmental relationship. The discussions and exchange of ideas proved very beneficial to both groups. The afternoon sessions and lectures were open to all graduate nurses and were attended by private duty, institutional and city public health nurses, the lecture theatre in the Medical College being filled to capacity at each session.

Several members of the medical profession gave generously of their time in an endeavour to give the nurses the benefit of the most recent developments in the field of medical science. Among this group were: Dr. F. W. Jackson, Dr. D. A. Stewart, Dr. F. G. McGuinness, Dr. Day, Dr. Medovy, Dr. McCharles and Dr. Mathewson. We were particularly fortunate in being favoured with lectures and clinics by visiting specialists among whom were Dr. Meakins and Dr. A. T. Mitchell of Montreal, and Dr. Harris and Dr. Routley of Toronto. Dr. Wall, of the Federal Department of Indian Affairs, conducted a most interesting trachoma clinic, demonstrating cases of varying stages of the disease. A good clinic on venereal diseases was held at St. Boniface Hospital by Dr. Peterson.

As a mark of their appreciation, the nurses of the Manitoba Public Health service held a reunion dinner, with Miss E. A. Russell, director of the service, as guest of honor. Miss Russell was presented with a basket of American Beauty roses by Miss Josephine De Brincat, president of the Public Health Nurses Social Club.

WINNIPEG: In honor of the 1935 graduates, the Misericordia Nurses Association recently entertained at dinner. Miss Eleanor Bannatyne was chairman and the toasts were proposed by Misses M. McKellar, F. Battley, D. Ballentine and M. Currie.

NINETTE: The twenty-fifth anniversary of the founding of the Manitoba Sanitarium was recently celebrated with a large attendance from all parts of the province. So closely identified with the work that he and it are merged into one, is Dr. David A. Stewart who has justly been described as "Manitoba's most useful citizen." In his address Dr. Stewart referred to the valuable work done by the nursing staff and especially by the superintendent of nurses, Miss Jean Houston. The Manitoba Association of Registered Nurses was officially represented upon this happy occasion by the president, Miss Elsie Wilson, who is herself associated with the fight against tuberculosis by virtue of her work at the Central Tuberculosis Clinic at Winnipeg.

WINNIPEG GENERAL HOSPITAL: Miss Birtles, O.B.E., was recently a welcome visitor in Winnipeg. Mrs. A. W. Moody, honorary president of the Alumnae Association entertained at tea in her honour. The Alumnae Club will be divided into three groups this year, several having combined. The groups will be: handicrafts and social service; music and art; drama. Already a most interesting schedule has been planned for the winter months.

WINNIPEG GENERAL HOSPITAL: The friends of Mrs. Thomas Nisbet, formerly Miss Flora Lawford, extend their sympathy to her in the death of her husband.

MARRIED: On August 9, 1935, Miss Mabel Cameron (W.G.H., 1928) to Mr. Barron Milner Atkins.

MARRIED: In September, 1935, Miss Marjorie Cowie (W.G.H., 1928) to Dr. Norman Elvin.

MARRIED: On August 31, 1935, Miss Vera Dalrymple (W.G.H., 1930) to Mr. Duncan Fletcher.

MARRIED: On July 9, 1935, Miss Dorothy Gabb (W.G.H., 1929) to Rev. John Lax.

MARRIED: On August 17, 1935, Miss Ruby Gray (W.G.H., 1932) to Mr. Gregory Anderson.

MARRIED: On September 14th, 1935, Miss Peggy MacKay (W.G.H., 1930) to Dr. W. A. Howden.

MARRIED: On June 12, 1935, Miss Janet

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HELEN CARRUTHERS Reg. N.

McKnight (W.G.H., 1928) to Mr. Frank Fenwick.

MARRIED: On September 4, 1935, Miss Kathleen Patterson (W.G.H., 1932) to Dr. W. A. Drummond.

MARRIED: On September 9, 1935, Miss Daisy Powell (W.G.H., 1929) to Mr. Thomas White.

MARRIED: Recently, Miss Eleanor Thompson (W.G.H., 1928) to Mr. E. Louis Renaud.

NEW BRUNSWICK

SAINT JOHN: The regular meeting of the Saint John chapter of the New Brunswick Association of Registered Nurses was held recently at the Saint John General Hospital. Reports from the annual meeting were discussed after which Dr. S. R. D. Hewitt gave a lecture on group hospitalization.

MARRIED: On August 17, 1935, Miss Dorothy R. Andrews (S.J.G.H., 1933) to Mr. George Niles.

MARRIED: On October 2, 1935, Miss Marjorie M. Eastham (S.J.G.H., 1932) to Mr. Charles S. Maclean.

MARRIED: On September 16, 1935, Miss Muriel A. Sharpe (S.J.G.H., 1933) to Rev. George A. Bingham.

SAINT JOHN: The annual meeting of St. Joseph's Hospital Alumnae Association was held recently and the secretary made a gratifying report of the year's work. The treasurer reported the Association to be in good financial standing. Miss M. Carey spoke on the objects and the formation of the Maritime Council of Catholic Nurses. The list of officers for the ensuing year is as follows: President, Miss M. Carey; vice-president, Miss M. Downing; secretary, Miss M. Murphy; executive committee: Mrs. J. L. Mullaley, Miss G. Buckley, Miss A. McGonity. The vice-president is to be in charge of the study club, with Mrs. T. Enright as secretary.

MARRIED: Recently, Miss Margaret Higgins (St. Joseph's Hospital, 1926) to Mr. William Catharin.

MARRIED: On September 28, 1935, Miss Irene Edith Kiernin (St. Joseph's Hospital, 1928) to Mr. Thomas Arthur Donovan.

WOODSTOCK: A meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held recently with the president, Mrs. Frank Hanson, in the chair. There was a good attendance and work was re-organized for the coming year. The association recently held a variety shower at the home of Mrs. Wendall Slipp in honor of Miss Nina Veness, a bride-to-be, who received many useful and lovely gifts.

ONTARIO

DISTRICT 2 and 3

BRANTFORD: A meeting of the Alumnae Association of the Brantford General Hospital was held recently, the guest speaker being Mr. C. Moyer, who gave an interesting illustrated lecture on his trip to Mexico. Dr. and Mrs. Leslie Bier of Angola, Portuguese West Africa, were entertained at a recent staff conference when Dr. Bier gave an interesting talk on his work in Africa. Miss E. M. Read (B.G.H., 1934) is taking a course in teaching and administration at the School of Nursing of the University of Toronto. Miss E. M. Widdup (B.G.H., 1934) has accepted a position with the Neighbourhood Welfare Society of Toronto. Miss Gladys Buzza (B.G.H., 1931) has returned after spending six months in England. Miss E. M. McKee has returned from St. Louis, where she attended the American Hospital Association Convention.

The work of the Victorian Order of Nurses in Brantford shows an encouraging increase, reflected in the 503 visits reported for last month. Miss Mickleborough, V.O.N. Supervisor, who recently inspected the work, expressed herself as being pleased with its thoroughness and efficiency.

MARRIED: On October 5, 1935, Miss Mina S. Gillespie (B.G.H., 1933) to Mr. Emerson Pickett.

MARRIED: On September 7, 1935, Miss Gladys A. Rodman (B.G.H., 1934) to Mr. Alfred Moffatt.

MARRIED: On September 11, 1935, Miss Violet A. Van Valkenburg (B.G.H., 1934) to Mr. Huber McNally.

GALT: Miss Aubra Cleaver, who for more than three years has been superintendent of the Galt Hospital, received many evidences of appreciation upon the occasion of her retirement from that position. She was presented with an engraved silver rose bowl by members of the hospital medical staff, the presentation being made by Dr. G. E. D. Wilson, president of the South Waterloo Medical Association. Sixty nurses attended a rally at the Galt Hospital at which Miss Cleaver acted as chairman. She spoke of the change in the organization of the hospital from one with nurses-in-training to a graduate staff, stating that owing to the co-operation and loyalty of the board, the doctors, and nursing staff this work had been successfully accomplished. The nurses were urged to give the same loyal support to the new superintendent, Miss Ella Moffat. Miss Mary Crawley, a graduate of the Galt Hospital, was the guest speaker and her talk on China, accompanied with lantern slides, was intensely interesting. Miss A. Mac-

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Donald gave an excellent paper on current nursing events.

GUELPH: At a recent reunion of the graduate nurses of the Homewood Sanitarium it was decided by those present that the graduates should form an Alumnae Association. The following officers were elected: Hon. President, Miss Esther Worthmore; president, Miss Hilda Stout; vice-president, Miss F. Shaw; secretary-treasurer, Miss Ethel Wilson; corresponding secretary, Miss J. Hill. Graduates of the Sanitarium are urged to get in touch with Miss Janet M. Hill at the Homewood Sanitarium so that our membership may be built up as rapidly as possible.

DISTRICT 4

ST. CATHARINES: The annual meeting of the Alumnae Association of the Mack Training School was held recently with a large attendance. The speaker of the evening was Miss D. Mickleborough. Miss Anne Wright, superintendent of St. Catharines General Hospital, has been awarded the King's Jubilee Medal.

MARRIED: On September 16, 1935, Mrs. Josephine Smith (M.T.S., 1932), to Mr. William Ziemann.

DISTRICT 5

ORILLIA: The fall meeting of District 5, R.N.A.O. was held in Orillia. The meetings were held at the Ontario Hospital and supper was served at the nurses residence of the Orillia Soldiers Memorial Hospital. Dr. Horne and Dr. Sharpe of the Ontario Hospital gave helpful and instructive talks after which tours were conducted to the different parts of the institution. Miss Oliver gave an interesting talk on mental hygiene. There were about a hundred in attendance including nurses from Toronto, Barrie, Collingwood and Orillia. The graduation exercises of the School of Nursing of the Orillia Soldiers Memorial Hospital were held recently when eight nurses received their diplomas.

MARRIED: On September 9, 1935, Miss Irene Banting (O.S.M.H., 1932), to Mr. Ernest Scott.

COLLINGWOOD: Collingwood was represented at the recent meeting of District 5 by Miss Johnson, assistant superintendent of the General and Marine Hospital; Miss S. Doherty, Mrs. C. Lee and Miss E. M. Dawson.

MARRIED: On September 27, 1935, Miss Jean Fettes (G. & M.H., 1933) to Mr. Waldo E. Blunt.

TORONTO GENERAL HOSPITAL: Mrs. Margaret Campbell Laidlaw of Omaha, Neb., was recently an honoured guest at the Toronto General Hospital. Not only is she a member

of the first class to graduate (in 1883) from the School of Nursing but she also has the distinction of being the oldest graduate nurse on the American continent.

TORONTO GENERAL HOSPITAL: Miss Coral Brodie (T.G.H., 1921) is home on furlough from China and is with her parents at Willowdale. Miss Barbara Miller (T.G.H., 1931) has completed the hospital staff nurses course at the School of Nursing of the University of Toronto, and has been appointed assistant head nurse on Ward B. Miss Margaret Scott (T.G.H., 1931) has been appointed to the eye clinic in the out-patients department. Miss Marjorie Rowland (T.G.H., 1929) has been transferred from Ward A. service to the skin clinic in the out-patients department as head nurse. Miss Anne Holdgate (T.G.H., 1933) was appointed recently to the surgical clinic out-patients department.

MARRIED: On June 20, 1935, Miss Sally Clough (T.G.H.) to Mr. John Wilson.

MARRIED: In July, 1935, Miss Beatrice Folk (T.G.H., 1931) to Dr. Hassard.

MARRIED: On August 16, 1935, Miss Rowena Hatch (T.G.H., 1932) to Mr. W. Wickware.

MARRIED: On August 3, 1935, Miss Helen Herbert (T.G.H., 1932) to Mr. J. Littleton.

MARRIED: On September 3, 1935, Miss Evelyn Hutton (T.G.H.) to Mr. R. Thomson.

MARRIED: Recently, Miss Mary Rivaz (T.G.H., 1934) to Mr. E. Manning.

MARRIED: On August 7, 1935, Miss Jean Stewart (T.G.H., 1931) to Mr. Hemingway.

MARRIED: On September 3, 1935, Miss Rowena Wilson (T.G.H., 1932) to Mr. M. Wagar.

TORONTO: VICTORIAN ORDER OF NURSES: Miss Ada E. Luxon, who resigned on August 1 from the supervisory staff of the Toronto Branch after twelve years' service, has been succeeded by Miss Ella Grant (T.G.H.) formerly supervising nurse in London, Ont.

TORONTO WESTERN HOSPITAL: The following students are taking the public health course at the School of Nursing of the University of Toronto this year: Miss Martha Saari (scholarship nurse); Miss Margaret Winfield, Miss Florence Greenaway. Miss Uriel Colwell is at present taking a postgraduate course in operating room work at Presbyterian Medical Centre, New York.

MARRIED: On September 14, 1935, Miss Isabel Buckley (T.W.H., 1928) to Mr. George Holmes.

MARRIED: On September 21, 1935, Miss Luella Macmillan (T.W.H., 1933) to Mr. John Morris Rozell.

DISTRICT 6

PETERBOROUGH: A meeting of Chapter C, District 6, R.N.A.O., was held on September 24, at Nicholls Hospital Residence, with the president, Mrs. La-Plante, in the chair. It was gratifying to have a good attendance, including representatives from Lindsay. Following the president's address reports were heard from the secretary-treasurer and from the conveners of committees. Miss Walsh, convener of the permanent education fund, pointed out that only \$8.00 was needed to meet our objective for the five years. Miss Watson, seconded by Mrs. Leeson, moved that a cheque be sent for this amount and it is interesting to note that District 6, R.N.A.O. is the first to reach their objective for the five years in full. An interesting paper was read by Miss Watson, the subject being "The Status of the Private Duty Nurse." An invitation from the Ross Memorial Hospital to the Chapter to hold their next meeting at Lindsay was accepted.

LINDSAY: MARRIED: Recently, Miss Kathleen S. Mortimore (R.M.H., 1932) to Mr. Clifford Tamblin.

DISTRICT 9

SUDBURY: The annual meeting of District Nine, R.N.A.O., proved to be successful in every respect, and particularly informative and inspiring to nurses who have not been able to keep in close touch with their organization. It was the first of such meetings to be held in Sudbury. Miss Isabel MacIntosh, of Hamilton, who was the chief guest speaker at the afternoon session at St. Joseph's Hospital and at the dinner meeting, gave an interesting description of plans which are being devised to overcome the difficulties arising in situations where people in need of nursing are unable to afford the regular nursing tariffs, while at the same time, nurses are unemployed. Visiting nurses were welcomed to the hospital by the Reverend Sister Superior in a gracious address and Mayor Cullen attended to bid the visitors welcome. A highlight was the address given by Dr. Faustina A. Cook, president of the hospital staff, who spoke of community nursing problems as seen from the viewpoint of the medical profession and the "men who pay the bills." At the election of officers the executive was returned by acclamation with Miss H. E. Smith, of New Liskeard, chairman; Miss Jean Smith, of Gravenhurst, vice-chairman; Miss Robena Buchanan, Gravenhurst, secretary, and the following chapter chairmen: Miss Elizabeth Gordon, Sault Ste. Marie; Miss Mary Garvin, Haileybury (vice-chairman); Miss Florence Farr, Timmins; Miss Alice Quinlan, North Bay; Miss Sylvia Harry, Gravenhurst, and Miss Jane Thomas, Sudbury,

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as councillors. The following conveners were named: Miss Jean Smith, Gravenhurst, membership; Miss Mary Delaney, Sault Ste. Marie, private duty; Miss Hazel Atkinson, Kirkland Lake, public health; Rev. Sister St. Irma, North Bay, nursing education; Miss Katherine McKenzie, North Bay, finance; Miss R. Hatherley, Gordon Bay, permanent education fund; Miss Joyce Stevens, New Liskeard, *Canadian Nurse* representative; Miss R. Buchanan, Gravenhurst, publications.

QUEBEC

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: Miss Jennette Manuel (C.M.H., 1933), who attended the School for Graduate Nurses, McGill University, last year, is now working with the Victorian Order of Nurses in Montreal. Miss Louise Destromp has recently returned from a holiday in England.

MARRIED: Recently, Miss Ruth Miller (C.M.H., 1928) to Mr. Harry Miller.

MARRIED: Recently, Miss Ruth Paterson (C.M.H., 1929) to Mr. Norman S. McFarland.

MARRIED: Recently, Miss Viola Schneider (C.M.H., 1929) to Mr. Arthur Wood.

MARRIED: Recently, Miss Anne Sutherland (C.M.H., 1926) to Mr. Ian MacKenzie.

SASKATCHEWAN

SASKATOON: Miss M. Gooderham (S.C.H., 1933) has received the appointment as instructress in practical nursing at the City Hospital; Miss Anne Ferguson (S.C.H., 1933) as supervisor of first floor west and Miss Evelyn Stevenson (S.C.H., 1934) as assistant night supervisor. Miss Laura Walker (S.C.H., 1926) has been reappointed on the staff of school nurses, Department of Education, Saskatoon. Miss Marie Bie (S.C.H., 1933) has gone to Montreal to attend McGill University and is taking a course in teaching in schools of nursing in the McGill School for Graduate Nurses. Mrs. John Padgett (E. McNab, S.C.H., 1923) of Honolulu, has been visiting friends in Saskatoon.

MARRIED: On September 16, 1935, Miss Irene May Bowron (S.C.H., 1926) to Mr. Andrew Calder.

MARRIED: On August 28, 1935, Miss Minnie Gertrude Hull (S.C.H., 1929) to Mr. Henry John Hartt.

OBITUARY

AIKENS—The death occurred during September, 1935, at the Winnipeg General Hospital, of Kathleen Aikens, a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1928.

LOWE—On October 9, 1935, at the Toronto Western Hospital, Miss Annie Lowe, a member of the graduating class of 1914 of the School of Nursing of the Toronto Western Hospital.

MACNAMARA—Recently, at St. Joseph's Hospital, Victoria, B.C., where she had made her home for the last thirty years, Mary Macnamara passed quietly to rest following a brief illness. Born in Ireland seventy-seven years ago, Miss Macnamara took her training in Edinburgh, Scotland, and nursed for some time in England before coming to Victoria. She did valuable pioneer nursing, both private and institutional, becoming the first night supervisor at St. Joseph's when the hospital comprised only the old building on Collision Street. Later she went to San Francisco, where she became superintendent of St. Winifred's Hospital and School for

Nurses and during the earthquake she was untiring in her aid to the stricken people. When the new maternity wing was opened at St. Joseph's, Miss Macnamara took charge of the nursery; this was her last active participation in the work of the hospital, though she continued to make St. Joseph's her home and to help in many ways. An ardent gardener, she greatly delighted in the cultivation of the grounds about the hospital.

TURNER—The death occurred, on September 14, 1935, at St. Vital Sanitorium, after a long illness, of Emma Turner, a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1926.

WATTS—The death occurred recently, at Gravenhurst, of Mrs. Fred Watts (formerly Jean Wood), a graduate of the School of Nursing of the Collingwood General and Marine Hospital. During her professional career she enjoyed the confidence of her patients to whom she rendered devoted service.

APPOINTMENTS

Miss Alma Haupt

The appointment is announced of Miss Alma C. Haupt, R.N., as Director of the Nursing Bureau of the Welfare Division at the Home Office of the Metropolitan Life Insurance Company in New York. Miss Haupt is very well qualified by education and experience for the supervision of this phase of the Company's work. Having been graduated with a B.A. degree from the University of Minnesota, with nursing education at the University Hospital in Minneapolis, followed by special graduate courses at Johns Hopkins University, she has approximately twenty years of valuable experience in an extensive range of public health nursing activities, including the position of chief nursing executive of the Child Welfare Demonstration of the Commonwealth Fund in Vienna, Austria. At the time of Miss Haupt's appointment she was serving as acting director of the National Organization of Public Health Nursing with headquarters in New York City.

Miss Ella Moffatt

Miss Ella Moffatt, formerly assistant superintendent of the Public General Hospital in Chatham, Ont., has been appointed superintendent of the Galt General Hospital. Her associates unite in congratulating her in this well-earned promotion.

Miss Ada Hubbell

Miss Ada Hubbell, formerly assistant superintendent of nurses at Harper Hospital, Detroit, Mich., has been appointed superintendent of the General Hospital, Niagara Falls, Ontario. Miss Hubbell brings to her new duties an exceptionally broad academic and professional preparation.

Miss Marjorie Jenkins

Miss Marjorie Jenkins has been appointed superintendent of nurses at the Children's Memorial Hospital, Montreal, and assumed her new duties during October. She is a graduate of the School of Nursing of the Hospital for Sick Children and holds the diploma of the McGill School for Graduate Nurses, where she majored in teaching. At the time of her appointment she was in charge of the pediatric nursing service of the Ottawa Civic Hospital.

Miss Gretta MacKay Ross

Miss Gretta MacKay Ross, who recently completed a year of postgraduate study given in London, under the auspices of the Nightingale Memorial Foundation, has been appointed by the Rotary Club as organizer of clinics for crippled children in Ontario. Miss Ross is a graduate of the School of Nursing of the Toronto General Hospital.

Miss Esther Lewis

Miss Esther Lewis, formerly assistant supervisor in the Montreal Branch of the Victorian Order of Nurses, has recently been appointed supervisor of the London District of the Order. Miss Lewis holds the degree of B.A. from McGill University and is a graduate of the School of Nursing of the Montreal General Hospital. She prepared herself for public health nursing at the McGill School for Graduate Nurses.

Miss Nellie Goodman

Miss Nellie Goodman, a graduate of the School of Nursing of the Regina General Hospital and of the McGill School for Graduate Nurses, has recently accepted a position as instructress and ward supervisor at the Lamont Public Hospital, Lamont.



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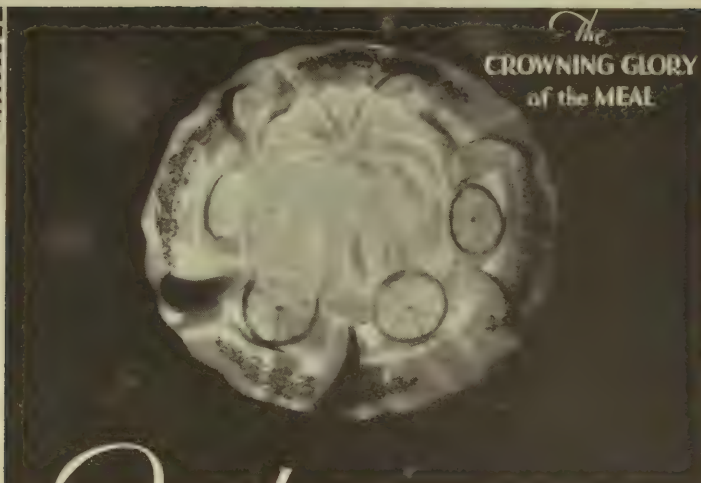
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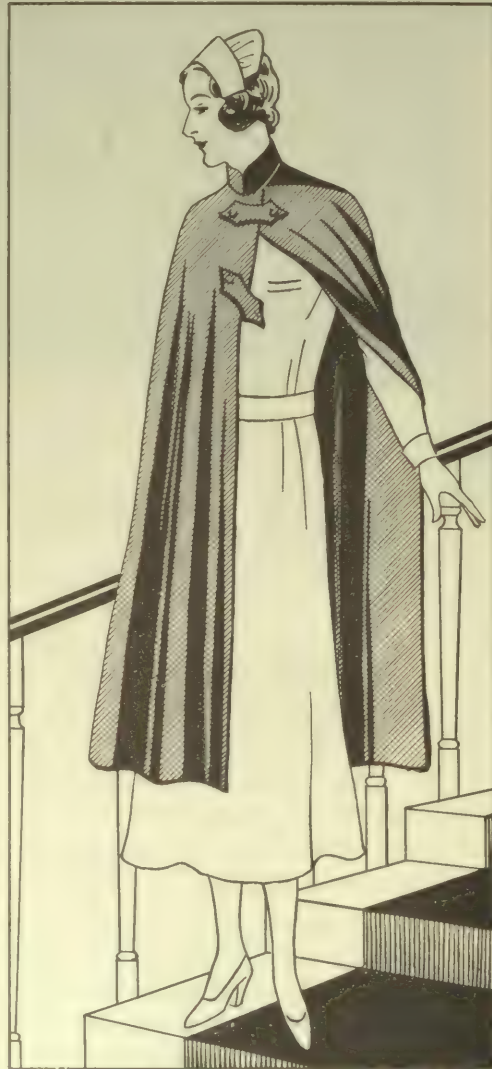
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COUNCILLORS: **Alberta:** Miss A. A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, 753 Wolsley Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Margaret Buchanan, North Sydney. **Ontario:** Miss D. Mickleborough, 9 Humewood Dr., Toronto. **Prince Edward Island:** Miss Ina Gillan, Kent Manor, Charlottetown. **Quebec:** Miss M. E. Carey, 4307 Montrose Ave., Westmount. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, Central Alberta Sanatorium, Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 229-8th Ave. N.W., Calgary; *Public Health*, Miss A. A. McKee, 206 Oddfellow Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breese; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Elsie Wilson, 668 Bannatyne Ave. First Vice-President, Miss S. Wright; Second Vice-President, Miss E. Parker; Third Vice-President, Sister Mary Charles; *Members of Board*: Misses C. Macleod, G. Johnson, H. Tregear, J. Houston, E. Fraser, K. W. Ellis, E. Robertson, Sister Krause; Secretary, Mrs. Stella Gordon Kerr, 300 Power Bldg., Winnipeg; *Conveners of Sections: Public Health*, Miss C. Maddin, 753 Wolsley Ave.; *Private Duty*, Miss Pearl Brownell, 215 Chestnut St.; *Nursing Education*, Miss G. Thompson, 753 Wolsley Ave.; *Committee Conveners: Social*, Miss S. J. Roberts, Deer Lodge Hospital; *Visiting*, Miss L. Kelly, 753 Wolsley Ave.; *Membership*, Miss H. Steadman, 510 Medical Arts Bldg.; *Directory*, Miss K. McCallum, 181 Enfield Crescent, Norwood; *Legislative*, Miss K. W. Ellis, Winnipeg General Hospital; *Press and Publications*, Miss E. Banks, 64 St. Cross St.; *Library*, Office Staff, 510 Medical Arts Bldg.; *Representatives: to Local Council of Women*, Mrs. A. C. McPetridge, 71 Cambridge St., Miss M. Black; to *Central Council of Social Agencies*, Miss F. Robertson, 753 Wolsley Ave., Miss J. McDonald, Mrs. W. Thomas; to *Victorian Order of Nurses*, Miss E. Russell, Legislative Bldg.; to *Junior Red Cross*, Miss R. Dickie, 103 Chestnut St.; to *Red Cross Enrolment*, Miss N. O'Shaughnessy, Dept. of Health, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandorser; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors*: Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Conveners of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Mrs. C. F. Gillis, 9 Welsford St., Halifax; Second Vice-President, Mrs. C. M. Ryan, All Saints' Hospital, Springhill; Third Vice-President, Miss A. W. Foster, W.K.M. Hospital, Berwick; Recording Secretary, Miss Ruth Hart, 122 Spring Garden Rd., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss S. Margaret Jamieson, R.R. 1, Brantford; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss D. Mickleborough, 9 Humewood Dr., Toronto; *District 1: Chairman*, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3: Chairman*, Miss A. Bingeman, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4: Chairman*, Miss C. Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. N. Barlow, 211 Stinson St., Hamilton; *District 5: Chairman*, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss I. Park, 1348 Yonge St., Toronto; *District 6: Chairman*, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7: Chairman*, Miss L. D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss O. Wilson, General Hospital, Kingston; *District 8: Miss M. B. Anderson*, Civic Hospital, Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. Luton, Civic Hospital, Ottawa; *District 9: Miss H. E. Smith*, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanatorium P.O., Gravenhurst; *District 10: Chairman*, Miss V. Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Walker; Vice-Chairman, Miss M. Hoy; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses R. Rouatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin, Mrs. Malone; *Committee Conveners: Nursing Education*, Miss D. Thomas; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Permanent Education Fund*, Mrs. Hedley Smith; *Membership*, Miss G. Versey; *Publications*, Miss E. Kennedy.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charney, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Vice-Chairman, Miss McCort; Secretary-Treasurer, Mrs. N. Barlow, 211 Stinson St., Hamilton; *Councillors*: Misses C. Sheridan, I. Murray, L. McElhone, A. Wright, J. Allen, A. Oram; *Committee Conveners: Nursing Education*, Miss H. Brown; *Public Health*, Miss Edna Bell; *Private Duty*, Miss I. MacIntosh.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Sec.-Treas., Miss I. Parks, Apt. 95, 1348 Yonge St.; *Councillors*: Misses J. Anderson, M. Floyd, O. Waterman, J. Farquharson, E. Moore, A. Scott; *Committee Conveners: Nursing Education*, Miss W. Chute; *Private Duty*, Miss M. St. John; *Public Health*, Miss K. McNamara.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss M. E. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss M. J.

Luton; *Councillors*: Misses K. Bayley, M. Hall, M. Moorhead, M. MacLaren, M. Slinn, M. B. Thompson; *Committee Conveners*: *Membership*, Miss G. Clarke; *Publications*, Miss E. McIlraith; *Nursing Education*, Miss E. McIlraith; *Private Duty*, Miss M. Hewitt; *Public Health*, Miss H. O'Meara.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; *First Vice-Chairman*, Miss Jean Smith; *Secretary-Treasurer*, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; *Vice-President*, Miss M. Hamilton; *Secretary-Treasurer*, Miss T. Graham, 222 Cooke St., Port Arthur; *Councillors*: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; *Vice-President*, Mrs. Percy Proude, Charlottetown; *Secretary*, Miss Hattie MacLaine, P.E.I. Hospital; *Treasurer and Registrar*, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcellin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; *First Vice-President*, Miss M. H. McGill, Normal School, Saskatoon; *Second Vice-President*, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; *Secretary-Treasurer-Registrar*, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; *President*, Miss P. Gilbert, 113 25th Ave. W.; *First Vice-President*, Miss F. E. C. Reid; *Second Vice-President*, Miss O. Zimmerman; *Rec. Secretary*, Miss A. Young; *Corresponding Secretary*, Miss M. Flemming; *Treasurer*, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; *First Vice-President*, Miss M. A. Turner; *Second Vice-President*, Miss E. Standing; *Treasurer*, Miss E. Gavin; *Recording and Corresponding Secretary*, Miss H. S. Peters, University Hospital, Edmonton; *Registrar*, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; *First Vice-President*, Mrs. G. Croxford; *Second Vice-President*, Miss M. Reid; *Secretary*, Miss V. Crandall, Medicine Hat General Hospital; *Treasurer*, Miss F. Smith; *Committee Conveners*: *Membership*, Miss C. Walker; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. C. Pickering; *To The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent Kootenay Lake General Hospital; *President*, Miss V. B. Eidt; *First Vice-President*, Miss M. Madden; *Second Vice-President*, Miss M. J. Leslie, *Secretary-Treasurer*, Miss S. K. M. Scott, Box 184, Nelson.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; *First Vice-President*, Miss A. J. MacLeod, Vancouver General Hospital; *Second Vice-President*, Miss P. Mooney, St. Paul's Hospital; *Secretary*, Miss D. L. Webster, 6207 Balsam St.; *Treasurer*, Miss L. Archibald, 536 West 12th Ave.; *Council*: Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss E. V. Cameron; *Membership*, Miss M. Dutton; *Visiting*, Miss J. Johnston; *Directory*, Miss M. Ogilvie; *Social*, Miss G. Currie; *Representatives to the Press*, Miss G. Archibald; *to Local Council of Women*, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; *President*, Miss E. Toynbee; *First Vice-*

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian*

Nurse, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnson; Second Vice-Pres., Mrs. C. McManus; Treas., Miss T. Holm; Rec. Sec., Miss Einarson; Corr. Sec., Mrs. A. E. Jones, 9713 Jasper Ave.; *Members of Executive*: Mrs. Baker, Mrs. Thompson, Miss M. Griffith; *Committee Conveners: Visiting*, Miss H. Dean; *Social*, Miss Mullen; *Programme*, Miss M. Griffith; *News Letter*, Mrs. Elwell.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealy, Vancouver General Hospital; *Committee Conveners: Programme*, Miss M. Tennant; *Membership*, Miss M. Ferris; *Visiting*, Miss H. Arnold; *Refreshments*, Miss M. Pooley; *Sewing*, Mrs. L. Gordon; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; *Representative to V.G.N.A.*, Miss Rhodes.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres., Miss M. Mirfield; Second

Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmillier Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees: Social*, Mrs. J. H. Russell; *Visiting*, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Conveners: Visiting*, Miss Ditchfield; *Entertainment*, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Crosby; President, Miss Mehan, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss M. Madill; Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St., Winnipeg; Treasurer, Miss W. Grice, 97 Balmoral Place, Winnipeg; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss Margason; *Representatives to Local Council of Women*, Mrs. Emmett Dwyer; Mrs. Chas. Sharkey; *Press Representative*, Miss Parkhill.

A.A., Winnipeg General Hospital, Winnipeg

Honorary President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss Pearl Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss M. Wilkins; Recording Secretary, Miss Anne Effer, Ste. 12, Diana Court; Corresponding Secretary, Miss Helen Ross, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners: Membership*, Miss Mary Shepherd, King George Hospital; *Visiting*, Miss Grace McKeever, Winnipeg General Hospital; *Entertainment*, Mrs. C. B. Stewart, Ste. 38, Ritz Apts.; *Alumnae Club*, Miss S. Tretiak, Winnipeg General Hospital; Editor of Journal, Miss Julia Moody, 76 Walnut St.; Assistant Editor, Miss Annie Taylor, Winnipeg Gen-

eral Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyes, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee*: Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rose Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs. Cedric H. Dinmore; *Board of Directors*: Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committees*: *Programme*, Mrs. R. Mallory, Misses E. Gibbon, E. Giles, Mrs. H. Short; *Refreshment*, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; *Nominating*, Misses F. Cunningham, I. Hart.

A.A., L. P. Fisher Memorial Hospital, Woodstock

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NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, Steele's Hill; 1st Vice-Pres., Miss G. Taylor; Treas., Miss A. Cochrane; Rec. Sec., Miss W. J. MacDonald; Corr. Sec., Miss F. K. Anderson, General Hospital; *Committee Conveners*: *Finance*, Miss R. Macdonald; *Visiting*, Mrs. D. MacKernan; *The Canadian Nurse*, Miss N. MacKinnon.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss H. Fitzgerald; Secretary, Miss M. J. Youmans; Treasurer, Miss I. Chatterton, General Hospital; *Flower Committee*, Miss B. McEwan; *Representative to The Canadian Nurse*, Miss F. Fitzgerald.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President, Miss H. D. Muir; Vice-President, Miss N. Yardley; Secretary, Miss E. Cunningham, 124 Dundas St.; Assistant Secretary, Miss L. VanEvery; Treasurer, Miss A. Goodwin; *Committees*: *Social Convener*, Mrs. C. Windrim; *Assistant Social Convener*, Miss I. Feely; *Flower*, Miss F. Ritchie, Miss D. Rashleigh, Miss W. Laird; *Gift*, Miss J. Edmondson, Mrs. E. Claridge; *Representatives*: *Private Duty Section*, Miss E. Lewis; to *Local Council of Women*, Mrs. W. D. Wiley; to *The Canadian Nurse*, Miss K. Charnley; *Press*, Miss K. Charnley.

A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; *Representative to The Canadian Nurse*, Miss V. Kendrick.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Marian Kearns;

Vice-Pres., Miss R. Winter; Sec.-Treasurer, Miss M. Nagle; Corr. Secretary, Miss L. Pettypiece, 46 Park St.; *Members of Executive*, Misses F. McCullough, H. Gray, J. Ross, F. Richardson; *Representative District 1*, R.N.A.O., and *The Canadian Nurse*, Miss R. Winter.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; *Representative to The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

Hon. President, Miss A. Cleaver; President, Miss H. Hyslop; Vice-President, Miss J. Belle; Secretary, Miss S. Post, 123 Grand Ave. S.; Treasurer, Miss H. McLaughlin, Galt Hospital; *Flower Convener*, Miss M. VanDyke; *Press Representative*, Miss R. Evans.

A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss P. Rowland; Secretary, Miss M. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners*: *Social*, Miss M. McFarlane; *Programme*, Miss A. Fennell; *Flower*, Miss I. Wilson; *Representative to The Canadian Nurse*, Miss Beatrice MacDonald.

A.A., Hamilton General Hospital, Hamilton

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CANADIAN NURSES
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AN AID IN FIGHTING CHRONIC SEPSIS

MANGANESE

POTASSIUM

PHOSPHORUS

CALCIUM

SODIUM

IRON

Chronic cholecystitis, chronic prostatitis, chronic colitis are but a few of the rather common conditions which give rise to a state of chronic sepsis.

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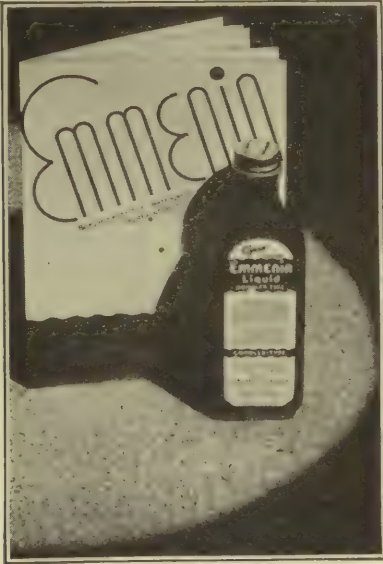
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The Canadian Nurse

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Published by the Canadian Nurses Association

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No. 12

SEEKING NEW LIGHT

A physician who is a friendly but keen critic of nurses and nursing attended an annual meeting of one of our Provincial Associations not long ago. At its close he remarked that while he had heard much of the *organization* of nurses for one purpose or another he had heard little or nothing of the *practice* of nursing. "They talked about education," he said, "and about economic conditions and professional standards, but never said a word about the practice of nursing." This criticism of our Association meetings (if indeed it be a criticism) has also been made by nurses themselves. They complain that they travel long distances, often at considerable expense, only to listen to reports of committees whose activities do not greatly interest them. Prolonged discussions about the revision of the constitution and by-laws leave them cold; what they would like to do is to talk about nursing. In the best sense of the word they want to talk shop; and there is not usually much time for that on the crowded agenda of nursing organizations.

Is there a remedy? Yes, there is — and it is already in use all over the country. From Halifax to Vancouver comes word of refresher courses, institutes, educational conferences, all of which are designed with one purpose in view: to talk about nursing practice as distinct from nursing organization. In most cases, though not in all, these activities are sponsored by the provincial associations of registered nurses. In other words, the nursing organizations are themselves alive to the situation and realize that steps

must be taken to provide a forum for the discussion of nursing practice. They reach out for help, and frequently the Universities lend a hand and the members of the medical profession have been most generous. Considerable publicity has been given in the daily newspapers and the public has thus learned something worthwhile about nurses and about nursing. Incidentally, the nursing organizations have themselves benefited. Many nurses who seldom or never attended the regular meetings have been attracted by the refresher courses and are now becoming aware of the usefulness of the Association which sponsored them. Some are beginning to share the burden of routine work which keeps our organizations going; a few are seeing a new vision of what these organizations may yet become.

Considerable diversity is shown in these enterprises. Some, as in Toronto, are sponsored directly by the School of Nursing of the University itself. Others, as in British Columbia, are offered under the joint auspices of the Registered Nurses Association and the Department of Nursing in the University. Others are conducted, as in Alberta, Manitoba and Saskatchewan, by Provincial Departments of Health. In some instances the hospitals have been the rallying point. In Nova Scotia the project was initiated by the Halifax Chapter of the Provincial Association but, as it broadened its scope, was taken over by the Association as a whole. In Quebec the public health nursing section of the provincial association offered two series of lectures on nutrition, one in English, the other in French.

So, by way of contrast, both in general arrangement and content, the following brief analysis of both these courses may be found interesting.

In Halifax the directing committee consisted of the convener, Miss Lenta Hall, president of the Registered Nurses Association of Nova Scotia; Miss Victoria Winslow, president of the Halifax Chapter; Miss Sarah Archard, assistant superintendent of nurses at the Victoria General Hospital; Reverend Sister M. Augustine of the Halifax Infirmary; Miss Edith Fenton, director of nurses in the Dalhousie Clinic and Miss Ruth Hart, who represented the private nurses' section. An intensive course of lectures and discussions was carried on over a four-day period. The sessions, with one exception, were open to all nurses, though special emphasis was laid on a specific branch of nursing at each session. In the afternoons the introductory lecture did not exceed forty-five minutes and the remaining time was devoted to organized discussion of questions sent in by individual nurses. In the evenings the student nurses from all the Halifax schools attended, and one of the most significant features of the course was the free interchange of views between the various nursing groups. A place of meeting was generously provided by the Dalhousie Health Clinic and the Halifax Infirmary. The total registration was one hundred and twenty-two and included nurses from all parts of the Province. The registration fee was one dollar and the receipts were more than sufficient to meet expenditures. The atmosphere of the meetings was quite informal and certainly everyone "talked shop" to their heart's content.

The course held in Montreal, while equally stimulating, was organized quite differently and we are indebted to Miss A. G. Nicolle, a member of the staff of the Montreal branch of the Victorian Order of Nurses for the following excellent description of the English series:

A felt need for more knowledge of nutrition stimulated the public health section of the A.R.N.P.Q., to find means of satisfying it, and during October the association sponsored four lectures given as a refresher course. Arrangements were made by the convener, Miss B. Brooks, of the Victorian Order of Nurses, Montreal branch and her committee and considerable help in planning was given by Dr. Grant Fleming, head of the Department of Public Health in McGill University, and Miss Goodeve of the Child Welfare Association. The lectures were held by in the Medical Building, McGill University, which was kindly lent by the University authorities. The course was financed by the nurses themselves by means of a one dollar fee for the series of four lectures. Among the hundred or more who registered were public health nurses; nursing school instructors and supervisors, nutritionists, and medical social workers. Note-taking, questions, and the excellent attendance were evidence of the interest taken in the course. Publicity was given through *The Canadian Nurse* and advance notices were posted in all nursing schools and social agencies.

Miss McCready, supervisor of the Visiting Housekeeper Service in Toronto and nutritionist for the Red Cross Society in Ontario, gave a general view of the nutrition problem in Canada, especially among families on relief. She stressed the need for widespread education to increase the knowledge of nutrition, and thus to promote intelligent use of allowances. Miss McCready said that enough nutritionists were not available for this work and that the nurse had the greatest opportunity to teach because of her close contact with families. She must understand relief allowances, adding that nurses might apply this knowledge to their own diet "Why not healthy people to sell health?" Miss Goodeve, nutritionist for the Child Welfare Association in Montreal, spoke of the close relationship of nutrition and positive health and pointed out that its importance had been a subject of discussion even at the League of Nations. Methods of budgetting were outlined as a means of making better use of the income, and improving the nutrition in homes of every economic level.

Miss Chambers, nutritionist for the Victorian Order of Nurses in Montreal discussed the many changes in methods of transportation, preservation, advertising, and production of foods during the last generation and their effect on buying, emphasizing and understanding of these and other factors, if nutrition is to be successfully taught in the homes. Dr. Thompson, professor of biochemistry in Mc-

Gill University, introduced by Dr. Grant Fleming, gave an excellent lecture on the chemistry of nutrition particularly the energy requirement and vitamin content of the everyday diet. Factors such as age, sex, weight and work must be considered when calculating calories. He also pointed out that vitamins were needed, but that the human body has forgotten how to make them, though dogs and rats still have the power to produce them.

Altogether these lectures were an excellent

It is usually the custom to invite persons from outside the local nursing group to participate in, or sometimes to direct, these conferences and institutes. This brings in the element of novelty and provides the stimulus of a different point of view and doubtless adds to the interest and value of the programme. But those who have had the pleasure and privilege



Some of the one hundred and twenty-two Nova Scotia nurses who attended the recent Educational Conference in Halifax, N.S.

Photo by J. C. M. Hayward, Halifax, N.S.

motivation for further reading on a subject which we all need to know a good deal more about, if we are to keep ahead of our families, who may read the many instructive articles in magazines and newspapers. We feel that our convener Miss Brooks and her committee are to be congratulated on the success of their venture.

A course similar to that described above was organized by the French-speaking members of the public health nursing section of the Provincial Association. This was greeted with enthusiasm and scored an equal success.

of helping in this way are always impressed by the resources which lie within the group itself. The so-called director is just the spark which kindles the flame. Another excellent feature is that these conferences bring all the nursing groups in the district into touch with one another. It does not always follow that hospitals and schools of nursing and public health agencies know much about one another even though the institutions themselves may be only a mile or so apart.

ORTHOPAEDIC NURSING

ALMA DICKIE, Head Nurse, Shriners' Hospital, Montreal.

Of the many and varied cases which the nursing staff of the Shriners' Hospital for Crippled Children in Montreal has been called upon to care for, possibly one of the most interesting is one in which ingenuity in devising and designing appliances to meet peculiar conditions contributed so materially to the recovery of the patient.

On February 14, 1930, the patient, Hubert, a French-Canadian, ten years of age, was admitted suffering from Pott's disease. For five months he had suffered from pain in the back; eight weeks previous to his admission, paralysis of the lower extremities had occurred and a laminectomy had been performed at another hospital. This was necessary because the tuberculous process had involved the covering of the cord thus causing pressure on the cord and the consequent paralysis, which remained after the operation was performed.

Examination revealed a total paralysis of the lower extremities, hyperesthesia at the level of the seventh and eighth dorsal vertebrae and disturbance of bladder and bowel control. Examination by X-ray showed a marked involvement of the fifth, sixth and seventh dorsal vertebrae by a tuberculous process. The shadow of an abscess was also seen and later, this abscess pointed at the level of the eighth dorsal vertebra. This sinus was cupped twice daily and sterile dressings applied; the value of this treatment was shown by the fact that the sinuses healed without secondary infection.

The patient was placed on a hyperextension frame with a curve of eight inches at the apex, which was gradually increased to fourteen inches and it was immediately apparent that unusual methods would have to be employed: (1) to keep the patient in over-correc-

tion; (2) to maintain his comfort; (3) to allow for his daily care; (4) to avoid pressure sores.

A tie-down was placed about the boy's upper arms and chest to prevent him from raising his shoulders or slipping on the frame. A carriage strap was placed about his body at the apex of the curve of the frame and another around the knees. The ankles were held in position by special straps fastened to the foot of the frame, preventing lengthwise movement on the part of the patient. The canvas covering of the frame was adjusted so as to support the patient's body, legs and head without discomfort. The section underneath the buttocks was attached permanently to one side of the frame, brought over to the other side and fastened underneath with safety pins so that it might be detached to permit the use of the bedpan, since the patient's position must not be disturbed. A small pad, made of non-absorbent cotton, was placed underneath his neck to render him comfortable. Protection for his eyes, when exposed to the sun, was provided by a movable canvas awning attached to the frame of his bed.

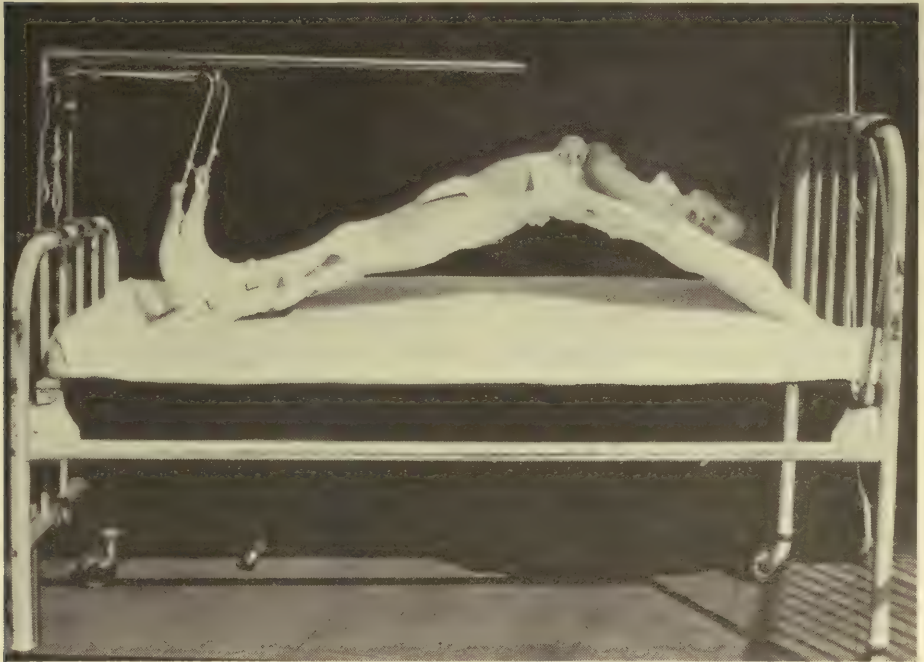
The daily care consisted of the usual feeding, bathing and rubbing of the patient and the changing of the bed linen, with particular attention to the adjustment of the special apparatus and canvas support, so as to ensure his comfort. Owing to the patient's incontinence and the necessity for maintaining him in a fixed position, frequent use of the urinal and bedpan was necessary; therefore, the bedpan was placed on a box to raise it to the proper height.

Pressure sores were to be feared, principally at three points, the back, and underneath both heels. For the back there was no escape except by constant attention in the way of alcohol rubs and bathing. In the case of the child's heels

(The second of two articles on Orthopaedic Nursing. The first appeared in the November issue, p. 498.)

however, these measures would not have been sufficient and it is here that the ingenuity of the nursing care was most effective. The constant pressure on the patient's feet would, in a very short time, have caused irritation and resulted in pressure sores. Furthermore, in view of the boy's general condition, it was important that nothing be allowed to interfere with his comfort and general progress. The question then arose: how could his

ankle the feet would be supported without discomfort. Using the boy's feet as a pattern, these shoes were made by the use of a double layer of adhesive, gummed sides together, and when the necessary form had been obtained, an opening was cut and eyelets inserted as in the case of ordinary shoes or moccasins. Laces were used in the usual way so that the shoes could be put on and taken off as required. A cord was fastened to the



The patient extended on the hyper-extension frame. Note the ingeniously devised adhesive plaster "boots."

feet be kept in a comfortable position? The heels must not be allowed to rest on the frame and yet the feet must be kept in proper position. On the general principle that the feet must be supported without pressure on the heels, ways and means were thought out whereby this might be accomplished.

It was decided to use the pattern of a shoe, make an upper part to cover the toes and instep, and provide an open heel so that with a strap beneath the

toe of each of the improvised shoes which, running over a pulley directly above the foot, and then over another pulley outside the foot of the bed, was attached to a weight which acted as a counterbalance for the foot and avoided pressure of the heel on the frame. Twice daily, the shoes were removed and the feet rubbed with alcohol and powdered.

Care at night presented no special problem, as the usual routine of removing the boots and caring for the back was



THE PATIENT RESTORED TO HEALTH

carried out. No sedatives were required as the patient slept well. The space between the frame and the bed was fitted with a pillow and extra blankets to prevent his back from getting cold, as he slept on the balcony. He was given nourishment at bedtime and again during the night, if he wakened and wanted it.

The lad was naturally of a bright and cheerful disposition and was not inclined to brood over his affliction; this attitude contributed in no small degree to the success which rewarded his treatment. Also, as he was not in constant physical pain and was mentally alert and active, it was possible to resume his education which had been interrupted prior to his admission to the hospital. This was carried out by the school teacher who gave him bedside instruction. No serious difficulty was experienced with regard to feeding him. Full diet was prescribed and, with only slight assistance, he was able to feed himself. Liquids were taken through a tube.

The manner in which the young patient responded to treatment and care

was most gratifying to all concerned and it was not long before signs of improvement in his general and local conditions were noted; he grew stronger and the clonus and paralysis gradually disappeared. Although the case was one in which early results could not be expected, it was felt on October 26, 1931, that such progress had been achieved that it was no longer necessary for him to remain in the hospital. The measures taken during his stay of a year and eight months had been successful to a satisfactory extent. Prior to his discharge he was removed from the curved frame and an X-ray of the spine taken, a procedure which had not been feasible up to that time. While this did not reveal the finer details of the spine it showed a short kyphosis in the mid-dorsal region. Its value was this: it demonstrated that there was no sign of abscess, therefore the treatment had been effective and the lesion was healing. The parents were instructed with regard to his care, and he was discharged on December 24, 1931, arrangements being made that he should return in six months for a check-up.

The patient was accordingly re-admitted on August 12, 1932 and examination showed continued improvement. He had gained enormously in weight. There was no indication of any paralysis, no trace of bladder or bowel obstruction nor was there any tenderness over the diseased area of the spine. The bony knuckle was solid. On August 25, 1932, he was fitted with a Thomas brace, and on the following day, discharged. A recent check-up at the Shriners' Hospital in Springfield, showed briefly the following findings: the patient was in excellent general health; he had no backache or other symptoms of the disease; he still shows a permanent short kyphosis of the spine due to the partial destruction of the affected vertebrae. His condition today is that of a normal healthy boy.

ON THE TRAIL OF ADVENTURE

Kholapur,
S.M.C., India,
1918.

Dear E.,

This is all about Ganpati; listen to his tale. When he was a baby his proud mother showed him to Saturn who accidentally burnt his head off. She went in distress to Krishna who told her to take the head of the first living thing she met and put it on the baby. This turned out to be an elephant, so the elephant-headed god came into existence. All the gods have vehicles or steeds, and Ganpati's fancy was a rat. One day when riding across the heavens he fell off and the moon laughed. Annoyed, he decreed that all who looked on her should be consistently unlucky. But here the other gods chipped in, in defence of one of their number. It was finally arranged that one day in the year should be set aside for Ganpati's vengeance, and the moon, evidently entering into the spirit of the thing, asked permission to appear at any time and in any quarter she chose. This was granted, and now this day is one of alarms and excursions for anyone seeing the moon is fated to be unlucky for a whole year. The Hindu portion of our staff asked leave to go home early, and the bazaar was practically deserted, any belated unfortunate cowering discreetly under an umbrella as he went about any necessary business.

I am full of information because Ganpati's day of vengeance has just occurred.

Yours,
L.

Whadwhan,
Khataiwar, India,
December, 1918.

Dear E.,

We've had a hectic time since I last wrote. To begin with, Col. C. was appointed Resident of this district so we all trekked here together after much packing and many farewells. Our luggage "weighed some" as A. had got his belated pay all in rupees, there being no paper money in the treasury, and we had packed it by hundreds in our trunks. We travelled in much comfort and no little style. Rahman valeted Col. C. and A. in their sleeping car and Miriam looked after A.A. and me in ours. Arrived at Whadwhan there was a great state reception and we drove to the Residency amid much acclamation.

This part of the country is quite different from Kholapur. There we saw trees and flowers and plenty of green. Here things look dried up and the river is only "bed." It is a real game country, and flocks of birds are

continuously passing overhead. There are shooting expeditions to augment the Kholapur occupations which have followed us here. The garden is here already so much energy is being expended on the making of a golf course on the grounds. Peacocks abound and a large monkey gazed at me much interested through the wire door leading from the bedroom to the balcony.

November 11 was a wonderful day. The news arrived early and we all rejoiced together. It seems too good to believe that there is no more Front or war news. The neighbouring mission Padre held a service in the Residency in the evening and we sang the 124th Psalm to the Scotch metrical tune.

Soon after arrival here A. and I returned to Bombay where he went into a hospital for an operation. It was a military hospital staffed by Australians who were kindness itself, and most nobly allowed me to be much on the spot. Directly A. was well enough we fled back here to find a jolly house party, chiefly family, for Christmas, and we came in for another royal visit.

This time it was to Dhranghadra, whither we travelled in the Maharajah's own private train. It consisted of a drawing room furnished in pale grey velvet and silver, a bedroom with a bed of silver inset with turquoises, a bathroom, kitchen and servant's quarters. To my disappointment the journey only took two hours, an inadequate period in which to enjoy such luxuries. There was the usual *tamasha* on arrival, and a Cinderella coach of silver awaited Col. C. while the rest of us followed in procession in pale grey cars. Our suites in the palace—upholstered in pale pink brocade were even more commodious than at Sangli, and when A. asked for a cigarette, uniformed attendants fell at his feet with boxes of royally crested affairs.

Next day, in a four-in-hand, driven by His Highness, we visited the state treasury where we dabbled our hands in diamonds and inspected the cloth of gold trappings for the elephants and horses. In the afternoon we drove to the gymkhana in an elephant car drawn by two elephants, while a baby one walked behind and fanned us with a red fan in his trunk. At the club we were given a baby lion to play with, a pastime we found altogether too strenuous. In the evening there was a state banquet, His Highness dining with us in a green jhodpore suit with buttons of real diamonds and marvellous jewels in his turban. The twelve retainers were in green and gold and the meal was a long succession of elaborate courses. Afterwards the ladies of the party were escorted by devious ways

to visit the two Maharanees, sad-faced women in beautiful clothes and jewels.

We left on Christmas morning, again in the royal train after His Highness had presented each lady, the Resident's wife excluded, with a magnificent ring and much brass ware.

This ends my letter writing for this year.
L.

Aymer,
Rajputana, India,
January, 1919.

Dear E.,

Our sojourn in the East is nearly over and soon we travel down to Bombay to embark for England. Our last visit is to one of the beauty spots of India. We have revelled in gorgeous views of hills and lake, woodfires at night, excursions into the bazaar with its

riot of colour and visits to interesting places all around. We are loth to leave friends, the land and the people, but it will be good to be home again, and here's to our speedy meeting.

This goes a mail ahead of us.

Yours till then,
L.

[*Editor's Note:* With this issue of the *Journal* these delightful letters come to an end. They were written to a friend by Mrs. Alex. MacRae, formerly Louie Bryce, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto. These letters, as remarkable for the distinction of their literary style as for their colour and charm, have been read with keen appreciation by nurses in all parts of Canada. The *Journal* is much indebted to Mrs. MacRae for allowing its readers to have the privilege to wander with her on the "Trail of Adventure."]]

REMEMBRANCE DAY

JEAN S. WILSON, Executive Secretary, The Canadian Nurses Association

In the shadow of the Peace Tower in the Parliament Buildings at Ottawa, the National Remembrance Day Ceremony was observed in the distinguished presence of Their Excellencies the Governor-General of Canada and Lady Tweedsmuir. The ceremony, arranged under the auspices of the Canadian Legion of the British Empire Service League, was attended by about 25,000 people. By invitation of the President and members of the Canadian Legion, the Canadian Nurses Association and the Overseas Nursing Sisters Association of Canada were officially represented at the Remembrance Day Ceremony. At the conclusion of the programme the joint official delegation, accompanied by a group of local nurses, proceeded into the Parliament Buildings to the Hall of Fame, where, before the Nurses Memorial, a brief service, arranged by the Canadian Legion, was held in memory of the nursing sisters who served and died between 1914 and 1918.

The sacrifice made by those nursing sisters was referred to in brief speeches by the Honourable Ian Mackenzie, Minister of National Defence, Lady Perley, and Brigadier-General Ross. Then in silence, a representative of the Canadian Nurses Association went forward and placed, to the right of the

Memorial, a basket of beautiful flowers. A representative of the Overseas Nursing Sisters Association deposited a similar basket at the left of the Memorial. Then, on behalf of the Canadian Legion, a third basket was placed following which floral tributes were deposited in the name of the various local nurses' associations and by individuals. Before his departure, the nurses were presented to the Honourable Ian Mackenzie. A few interested spectators witnessed the ceremony, among these were the Honourable Sir Robert Borden and Lady Borden.

The President of the Canadian Nurses Association invited Miss Gertrude Garvin, of Ottawa, Miss Blanche Anderson, Chairman of District 8, Registered Nurses Association of Ontario, and the Executive Secretary to act as the official delegation. The Overseas Nursing Sisters Association was officially represented by Mrs. C. A. Young (Nursing Sister Rose Myrtle Gratton), President of the Ottawa Unit, in the absence of Miss Elizabeth Smellie, vice-president of the National Association. The President of the Nursing Sisters Association of Canada is Miss Laura Holland, of Vancouver. The ceremony before the Nurses Memorial was under the direction of Mrs. Taylor (Nursing Sister Ruth Daure).

THE EDITOR'S DESK

Reader's Guide

We start off this month with a comment on the institutes and refresher courses which, all over the country, are proving a source of inspiration and enjoyment. Δ "Orthopaedic Nursing," by Miss Alma Dickie, a head nurse in the Montreal unit of the Shriners' Hospitals, is the second of two articles dealing with this branch of nursing. It gives a vivid picture of the ingenious and skilful nursing care which helped to restore a crippled lad to happy active boyhood. Δ "Preparing for Neurological Nursing" was written by Miss Eileen Flanagan, who is Supervisor of the Hospital Division of the Montreal Neurological Institute. She clearly outlines the teaching plan which has been carefully worked out in order that graduate nurses may qualify themselves for this difficult and exacting field. Emphasis is placed on supervised clinical practice and individual instruction is strongly stressed. Δ Miss Nora Moore gives a brief yet clear and comprehensive description of some essential features in a health programme. Miss Moore is the director of the Division of Public Health Nursing of the Department of Public Health, Toronto. Δ In private duty circles the wisdom or otherwise of modifying fees and hours of duty is still a burning question. Under the caption of "Getting Adjusted," Miss Agnes Jamieson, a private duty nurse practising in Montreal, and a Halifax private duty nurse, modestly disguised as "Nancy Free," have some interesting comments to make. Δ Much to our regret, "The Trail of Adventure" comes to an end in this issue. Mrs. Alex. MacRae's letters are as remarkable for the distinction of their literary style as for their colour and charm. They have been read with delight not only by nurses but by lay readers who will be glad to know that there is a possibility that they may be re-published in a more permanent form.

Index

On the last three pages of this issue of the *Journal* will be found an index for the year 1935, the content of which is arranged under subjects, authors and titles. Editorials are indexed under their titles. Titles are given in full with the author's name. While we hope that our readers will find the index useful we do not expect that it will have the special significance for them which it has for us: this year it gives ample proof that Canadian nurses are themselves capable of writing articles on *actual nursing practice* which are both original and interesting.

To give publicity to material of this kind is one of the important functions of our national *Journal*. Changes in nursing procedure takes place so frequently that nursing textbooks become obsolete with disconcerting rapidity. It is in the periodicals that the new techniques must first appear in print and, as we look back over our thirty-first volume, we are proud to find that in every issue an article dealing specifically with the actual practice of nursing has been one of the principal features. Under the caption of the "Department of Nursing Education" will be found a series of articles dealing with the teaching of the basic sciences and of nutrition as well as that of special branches of bedside care. Steady improvement is shown in the content of the department devoted to public health nursing and, during the coming year, special efforts will be made to build up this important section of the *Journal*. The activities of the Canadian Nurses Association have been regularly reported in "Notes from the National Office" and the private duty nurses have spoken up in meeting as never before. A vivid touch has been given by accounts of outpost nursing and by such chronicles as "The Trail of Adventure." A stubborn pride prompts us to say that we are not ashamed of our index. Nurses are beginning to talk out loud.

Correspondence

Retort Courteous

In reply to Dr. Norman L. Burnette's "provocative comment" in support of our erstwhile colleague, Evelyn Mallory, and with the apologies to the Poet Laureate:

Says the Man in the East

To the Maid in the West:

"A clean tooth *does* decay.

Haven't you heard that argument old

Advanced by eastern scientists bold?

Then why spend time on tooth-brush drill

When its medical value is practically nil?

These ancient weapons are no longer the rage

In this enlightened Preventive Age."

Says a Maid in the West

To the Man in the East,

"Who owned the clean tooth that decayed?

Please, kind sir, we want facts, not theory;

Conflicting arguments make us quite weary.

If only our scientists could really agree

What a pleasant old place this world would be.

But in the meantime, we recall with a thrill

The famous "Quints" have a tooth-brush drill!"

"HYGEIA",

Vancouver General Hospital.

they are required to sit for the Hong Kong Nurses' Board Examinations quite similar to our own Canadian registered nurses examinations. Midwifery fills a need in China, as some of the Chinese still prefer midwives to the doctors; in country places where doctors are not easily procured these nurses are allowed to deliver normal cases while abnormal cases are referred to doctors. Last year I had the privilege of examining some of the nurses in their practical work at the board examinations and from my short experience in China, my conception of the field here is that nursing has made marked progress within recent years and that each year much is being done to raise still higher the standard of nursing in the East. I hope the day will soon come when nursing in the East will reach the standard of that in the West, and that it will be regarded as the highest profession for a Chinese woman.

NOREEN LUM,

Superintendent of Nurses,

Yeung Wo Hospital, Happy Valley,

Hong Kong, China.

[The writer of this letter is a Chinese nurse who is a graduate of the School of Nursing of the Lamont General Hospital and is now at work in her own country.—Editor.]

From a Chinese School

Today it is exactly two years that I have been in this hospital and I enjoy my work very much, especially the part I take in training the Chinese girls. I am certainly grateful to see the old Chinese family tradition broken and girls allowed more freedom of their own. One of the things they choose to avail themselves of is training school for nurses. I am very pleased to see how well they adapt themselves to the new experience and to watch them, throughout each succeeding year, with added knowledge, taking more and more responsibility in their work. I have thirty-four nurses in training including the new midwifery class which was opened last year for the first time. The complete course is four years, three in general nursing and the rest in midwifery. The training I follow is on a similar basis to my own. At the end of the three years

From China

I am a graduate of the Connaught Training School, which is affiliated with Fordham Hospital, New York, so the *Journal* is of great interest to me and to my companions who are also Canadians. Most of all I enjoy articles written by nurses from the far north as we have no doctor here in our Mission, and conduct a free dispensary where we treat about two hundred patients daily, so *The Canadian Nurse* helps to solve some problems occasionally. Our work among the Chinese is very interesting, but also very difficult at times.

SISTER M. GENEVIEVE,

Catholic Mission,

Lishui, Che, China.



Department of Nursing Education

PREPARING FOR NEUROLOGICAL NURSING

EILEEN FLANAGAN, B.A., Reg. N., Supervisor, Hospital Division, The Montreal Neurological Institute.

In the two previous articles dealing with the Montreal Neurological Institute, the plan of the building, the types of patients, the manner of taking care of them, and something of the methods and techniques of treatments, were discussed. The purpose of this article is to outline the course of study and the clinical experience which is offered to graduate nurses who wish to familiarize themselves with neurological and neuro-surgical nursing. It is not considered possible for any student to benefit from less than four to six months' experience on the wards. If operating room experience is also desired the course must be lengthened to one or even two years.

A group of six carefully selected graduate students has already completed a six months course, and a second group of six has been admitted, some of whom intend to continue their studies for as long a period as two years. The graduate students live in the residence of the Royal Victoria Hospital, under the same conditions as the permanent staff of that institution. They are allowed a full day off-duty each week, three hours each day and five hours on Sundays. The hours of formal instruction are given while on duty. The students are assigned to both day duty and night duty, the proportion depending on the length of stay in the Institute.

It goes without saying that the essential feature of the course is its emphasis on the actual care of the patients. The student on the wards must become expert in observing and recording epileptic seizures, in observing the condition of

patients after operations and in handling patients who are disoriented, intractable, or highly excitable. She must be able to carry out complicated procedures in the dressing rooms. She must gain an appreciation of some of the difficulties and handicaps under which many of these patients are labouring, and develop an almost inexhaustible fund of patience if she is to nurse them successfully. In the operating room, the highly specialized type of instruments and equipment and the length of time required to prepare for and perform operations means that the nurse must not only acquire many new techniques but must be able to stand considerable strain for many consecutive hours. This requires time, for such skill and endurance can only be attained gradually. The operations most frequently performed are craniotomies, for removal of tumours, scars, or the draining of abscesses; decompressions for fractured skulls; laminectomies for cord tumours or fractures of the spine; sympathectomies for the relief of pain in various parts of the body; trigeminal rhizotomies for the relief of tic douloureux. In many instances the condition of these patients is not good even at the commencement of the operation and in major cases, continuous intravenous injection of saline must be kept going, and often one or two blood transfusions must be given. The contamination of instruments, or any other break in technique on the part of any one in the operating room, means the possible development of meningitis and consequent death, a fact which adds greatly to the heavy responsibilities of the operating room staff.

The extensive use of electrical stimula-

(This article is the third in a series dealing with Neurological Nursing; the first appeared in the February issue, p. 53, the second in the April issue, p. 151.)

tion in the cases operated on for seizures, is another feature to be considered. An electrical stimulator is used for this purpose which requires the constant attention of one nurse in order to adjust and modify the operation of a complicated and delicate mechanism. The electric cautery is also used extensively and requires special skill in manipulation. Photographs are frequently taken while the operation is in progress and special preparations must be made to facilitate this process in order to avoid loss of time.

The medical and surgical staff of the Institute give the lectures in neurology, neuro-physiology and anatomy, and neuro-surgery, while the instruction in nursing is given by the assistant nursing supervisor who acts as ward teacher. All the lectures are directed towards a practical end and are illustrated with post-mortem material and lantern slides. The content and actual subject matter of the formal classes will be found in the following outlines.

Neurology and Neuro-Physiology

The gross anatomy of the brain and spinal cord and their main divisions.

The principles of the anatomical diagnosis of nervous diseases.

The principles of the pathological diagnosis of nervous diseases.

The meninges: anatomy and diseases.

Voluntary motion: the anatomical pathways and symptoms resulting from lesions in them.

Co-ordination: the cerebellum and diseases affecting it.

Involuntary movements.

Sensation: the pathways concerned and the symptomatology of disturbed sensation.

The cranial nerves.

Localization of function within the cerebral hemispheres.

Two lecture periods dealing with non-surgical diseases of the central nervous system.

Physiology and Pathology

The central nervous system in the animal kingdom.

The development of the central nervous system and its coverings.

The cerebrospinal fluid and its circulation.

Hydrocephalus and spina bifida.

The physiology of nerve conduction and reflexes.

Normal and pathological physiology of the spinal cord and brain stem.

Cerebral localization of the cerebellum.

The finer structure of the central nervous system.

Diseases of the central nervous system amenable to neuro-surgical treatment.

Symptoms and signs in disease of the central nervous system; epilepsy.

Expanding lesions of the central nervous system.

Traumatic lesions of the central nervous system.

Theory of Nursing

Observation of the patient on admission.

Observation of seizures and the method of recording.

Observation of a patient with a head injury.

Pre-operative care of patient.

Post-operative care of patient following a craniotomy; method of using suction.

Post-operative care of patient following a laminectomy.

Lumbar punctures and encephalograms.

Demonstrations

Ventriculograms: demonstration in operating room.

Dressings: head and spinal; demonstration of dressing-room technique.

Continuous baths: for surgical patients; for neurological patients.

Blood pressure: demonstration of method of taking and recording.

Nursing care of paralyzed patients; nasal feedings; routine malaria treatment.

Observation and care of psychiatric patients.

Care of equipment.

Perhaps the most effective way to give an idea of the experience afforded would be to describe a week's activities. Beginning with Monday morning, the student who is assigned to one of the public wards commences the day with hearing, from the head nurse, the report of the condition of the patients. She then assists in serving breakfasts and proceeds with the usual morning care. At ten o'clock the weekly "rounds" begin. These are conducted by the Director of the Institute, accompanied by members of the staff, the Research Fellows, the house doctors and usually a few visiting doctors. Every patient is seen, each new patient is examined and considerable discussion follows each case. The nursing

staff attend these rounds, which last for about three hours, and thus acquire some idea of the problems to be solved. In the afternoon the scene changes to the dressing rooms, where two or three encephalograms, four to six lumbar punctures with manometric readings and possibly jugular compression, and several head or spinal dressings will be carried out.

Following the encephalograms, which are done under avertin in the case of

are taken every fifteen minutes for an hour, then every half-hour and subsequently every four hours. The graduate students on the wards are given an opportunity of assisting with all these procedures and the supervisor or head nurse is always present. The adequate restraint of patients is a most necessary part of the successful carrying out of these treatments, and it requires a good deal of practice before the nurses become adept.



AN ENCEPHALOGRAM

Note the patient's position: her feet are on a stool, her arms resting on over-bed table. Her head is held by a nurse; the second nurse is taking the patient's pulse and the third nurse (a postgraduate student) is observing and putting down on a form the manometric readings. The lumbar puncture needle is in place, the manometers and syringe in position, and the bag inflated with oxygen ready to inject.

many of the children and highly excitable patients, the patients must be closely watched. They are in the X-Ray room for a half-hour to an hour during which time a nurse is constantly with them. On the return to the ward, the pulse, temperature and blood pressure are taken frequently. Usually, the blood pressure is taken every hour for two hours, then every four hours. Pulse and respiration

The care of the equipment, which is new to most of them, and the proper setting of it up for use, also requires some experience.

On Monday evenings, from six to seven o'clock, a lecture is given in the teaching theatre by one of the medical staff; this is usually illustrated with lantern slides and specimens. The evening hour is chosen in order that the night

staff may attend, and on Mondays no "days off" are given so that the permanent staff is available for the wards while the graduate students are at class.

Beginning on Tuesday and continuing until Friday, the ward teacher conducts a class in nursing theory each morning for the undergraduate as well as for graduate students. On Tuesday evening a second medical lecture is given, and these are the only formal teaching classes as it has been found that the best results are obtained when the experience is gained and the teaching is done in the actual bed-side situations and in the dressing rooms.

When, for instance, a patient is about to return from the operating room, the student, who has been shown how to prepare the room for post-operative care, is then given the patient to nurse. She has in readiness the appropriate equipment such as suction apparatus, oxygen and blood pressure machines, stethoscope and charts. The head nurse, or the supervisor, goes over the orders in detail with her, checks her first blood pressure readings, and warns her of the particular signs for which she must watch. Again, when a nurse observes seizures, the head nurse assists her to write the description which has to be signed and accounted for, *in many instances at rounds!* All students are given a period of observation and experience as assistants in the operating room; methods of preparing and sterilizing all supplies are taught at this time.

There is a very good library in the Institute which is at the disposal of the students for reference reading. Here are found text books, and many current periodicals in neurology and allied subjects. Students also have the privilege of using the library of the teaching department of the School of Nursing. Any graduate student who desires to do so may attend examinations in the Pathological Institute. While psychiatric patients are admitted only in special

instances still there is a fairly good opportunity for gaining some experience in caring for them.

This outline of the activities carried on from day to day conveys something of the tangible experiences afforded the student during a stay in the Institute. But there are also intangible qualities which must be developed: sympathy with and an understanding of the peculiar problems which many of the patients and their families have to face; ability to be acutely observant at all times; intuition to deal with the many psychiatric and neurological difficulties encountered.

Summary

The Institute has now been open for a little more than a year and therefore all that has been done by way of organizing the work and the education of nurses has been on an experimental basis; during the coming year improved methods will, we hope, be the result. In conclusion it may be said that there are several factors in neurological nursing, which will bear repetition.

(1) Nurses ought to be carefully selected, as a high degree of both mental and physical stamina is required.

(2) Time is required to prepare nurses for this type of nursing; especially is this true of the operating room.

(3) While lectures and formal classes are features of postgraduate teaching, instruction given at the bed-side during the actual carrying out of treatments and procedures, and the constant observation of patients, are equally important.

(4) The student must have an adequate basic knowledge of anatomy and physiology before she can intelligently take the course given in neurology and neuro-physiology.

(5) A neurological nurse must be prepared to offer not only technical skill and abundant knowledge, but also genuine sympathy with, and understanding of, the many problems with which these patients must contend.

Department of Public Health Nursing

SOME ESSENTIALS IN A HEALTH PROGRAMME

NORA MOORE, Director, Division of Public Health Nursing,
Department of Public Health, Toronto.

You have asked me to discuss the essential features of a health programme from the approach of a public health nursing director in an urban municipality. The division of public health nursing occupies a strategic position in a Department of Public Health. It is the only division which has an unique opportunity of contact with all homes and classes of people. Its primary function is to eradicate disease and to bring knowledge concerning healthy ways of living into the homes and lives of the people. We must not only carry knowledge into the homes, but we must see that it is understood, accepted and practised.

In such a programme it is difficult to select essentials, for every phase seems significant, but as you have given me the task of selection, I will try and give the essentials in the order which I think is most important. We must, then, begin with the nurse herself, for she is the tool with which all that is accomplished must be done, and upon whom the success of our programme depends. She must be thoroughly equipped for her work by training and experience, but as Miss Effie Taylor, Dean of the Yale School of Nursing, has so truly said:

While scholarship is important and today fundamental, it is not enough in itself. The successful nurse must also have the force of personality and strength of character which will enable her to appreciate and to understand the forces which motivate human behaviour. She must possess a broad sense of justice in analyzing the problems inherent in her own life, and in the lives of others, and she should have a loyal and deep sense of honour and integrity of purpose in dealing with human frailties and shortcomings.

(A contribution to a symposium on the essential features of a health programme given at a meeting of the Public Health Nursing Section of the Canadian Public Health Association, June 4, 1935.)

Now, we come to the services. In selecting what I consider the most essential, I realize there will probably be some different view-points which is possibly wholesome in any discussion.

School Hygiene

The administration of our department has arranged that approximately 40% of the nurses' time is spent in school hygiene activities. The public school is an institution which touches the lives of all the people, and which has the control of the child during the most formative period of his life. It should provide a healthy environment and should incorporate health education as a vital part of its programme. It is here that the nurse finds unlimited opportunities. As Mr. Oberteuffer, professor of physical education in the Ohio State University, has said:

Organized education asks organized private medicine to co-operate with it in the development of an educated and enlightened community. It sees the school child as the potential citizen, and wants to help that child to know how to live, how to preserve and develop his health. Therefore, any one who assists in the school programme must be concerned first of all with helping learners to do things for themselves, in order that they may gain an intelligent understanding of what their world is about. If, in this process, it is necessary to remove tonsils, correct eyesight, give health examinations, then these acts should be explained, talked about and understood in their full meaning. Giving a physical examination without explanation of orienting it into life would be comparable to hiring a teacher to work out all the mathematical problems for the child. The school doctor and nurse cannot as educational agents come into the school, look, see and not tell. They must take an active part in the education of the school child into the problems of health.

Our own programme in the schools is the means of establishing health habits in the children under our care. The medical and dental examinations serve to fix in the mind of the child the necessity of consulting a doctor and dentist at regular intervals. The school nurse, in her contact with individual children, has many opportunities to correct bad habits of diet, rest and posture, and in addition she helps the child to build up an attitude towards positive health which will be of inestimable benefit to him and to the community at large in later years.

Mental Hygiene

Mental hygiene, too, plays an important part in the school programme. We are told that the number of persons in mental hospitals has increased almost 50% during the past twenty years. Psychiatrists tell us that these troubles have their origin in early childhood, and are due to faulty habit training and wrong attitudes acquired at that time. The public health nurse has an excellent opportunity to find these children in the school, and she should in a more positive way aim to help all children to attain better mental health. She should be of valuable assistance to the teacher in helping her to adjust emotional and social problems, and in conference with the teacher she can bring to the notice of the psychiatrist children who appear to be mentally retarded. Miss Katharine Tucker, in her introduction to Miss Chayer's book on school nursing, confirms the thought I have been attempting to convey by saying:

The ultimate contribution of school nursing relates to the school child as an individual and member of a family, and its value is increased as it becomes integrated into the whole community health programme. It reaches beyond the school, just as one segment of a child's life, and is much more than a part of the educational system as carried on by the schools for it projects into the home and community.

Junior Red Cross

Before leaving the school, mention must

be made of the important part Junior Red Cross plays with its enrolment of fourteen million children in fifty countries. It is a mighty force in the education of school children. Miss Jean Browne, national director of Junior Red Cross for Canada, points out:

Because Junior Red Cross belongs to the children themselves, and they are active participants in it, their enthusiastic interest is aroused in its programme. They take on their own shoulders the responsibility of practising the rules of healthy living. This becomes their own personal affair, not something that they do only because they must. As a result, wherever Junior Red Cross is organized, one finds children eating the right kinds of food, keeping themselves clean, sitting and standing erect, taking precautions against "catching" diseases and following the other Junior Red Cross rules of health.

Maternal and Infant Welfare

The importance of maternal, infant welfare and pre-school services is quite generally recognized. They are more spectacular pieces of work, and in consequence appeal more to the general public. In reading an article the other day I noticed the following statement: "The protection of the health of mothers and young children is perhaps the most important function of a health department." Adequate pre-natal and post-natal care, as well as care at the time of confinement, is of great importance in order that the physical condition of the mother may be improved, and that the baby shall be given a strong, healthy body.

There are many factors which enter into the reduction of the infant mortality rate in all countries, but it is agreed that the educational work done in the home and the child health centre is one of the most important. Statistics in Toronto are proof in themselves. In 1912 the infant mortality rate was 144.5 per thousand living births; in 1934 it has been reduced to 54.7 per thousand living births.

Pre-school Service

This is an ever-growing field, and here again there are unlimited opportunities

for the public health nurse. One of the superintendents in our department writes as follows in one of her weekly reports:

The importance of the examination of pre-school children has been clearly brought to our attention this week. As a result of complete physical examinations which have been recently started in a small nursery school in connection with a church, four children were found to have defects which will require early correction and which, had they not been found, might have meant a serious handicap to the children in later years.

In order that our pre-school work may be made more effective, mention should be made of the parent education movement, and the importance of mental hygiene in dealing with children at this age. Courses in parent education may be organized or individual teaching in the home may be given. In our department, the Home and School Clubs have been active in organizing groups which have been led by members of our staff who have been specially trained for the purpose. During a series of lectures on parent education the group answered questionnaires and solved many problems and we feel sure that better training will be possible in these homes, and that the information thus obtained will be passed on intelligently to other mothers.

Foster Homes

The supervision and licensing of baby boarding and maternity homes as well as supervision in day nurseries and play schools is yet another essential, but time does not permit me to go into these activities, except to mention in passing that we have 404 foster homes under supervision at the time of writing. It is our policy to visit these frequently, a fact which may convey some idea of the importance of this activity in Toronto.

Control of Disease

Communicable disease control, and this includes tuberculosis and the venereal diseases, has always been considered the function of a health department, but as Dr. C. V. Chapin has said: "The use

of the public health nurse in the application of communicable disease control measures has constituted one of the outstanding recent advances in this field." Who is more fitted to teach the parent about immunization; by what means communicable diseases may be controlled; the precautions that must be taken to protect the other members of the family?

Hospital Social Service

Hospital social service is not usually considered one of the essentials of a public health nursing programme, but as it plays a very important part in our own organization, I consider that it could be properly categorized as an essential. A brief outline of the objectives of the nurse in this field may be of interest. In connection with in-patient cases, she secures for the hospital clinician a picture of the patient's home and environment, so that he may better understand his needs; she makes the patient in hospital more contented by straightening out difficulties which may arise in the home during his absence; she makes arrangements for suitable after-care, so that the patient may benefit to the fullest extent from the treatment received while in hospital; she arranges for the removal of patients who have received the maximum benefit from hospital care so that the beds may be available for acutely ill patients. In connection with out-patient cases, she interprets the clinician's orders to the patient and encourages him to carry them out; she secures, through social agencies and others, special diets, dentures, glasses, surgical appliances, which the patient is unable to provide for himself; by keeping a follow-up system she ensures regular attendance at clinic.

Co-operation

In all phases of public health nursing the co-operation of the private physician is absolutely necessary. The public health nurse must never fail to recognize this, and must set out to win his confidence,

realizing that working together to the same end is the objective which she must strive to attain.

In addition to the duties just described, the public health nurse of any municipality is frequently called upon by the civic administration to perform many others. The general conditions of unemployment during the past four years have brought to the public health nurse many problems which do not primarily belong to her. In her position as a friend of the public she does not, however, decline to deal with these, but puts the needy persons in touch with the individual or

agency who is best fitted to give them the desired help.

The public health nurse is first of all a public servant subject to the will of the people and supported by public funds. Her duties depend largely upon the public need of the moment. Her chief function is that of health teaching, disseminating knowledge which promotes the art of healthful living, keeping people well and restoring the sick to a fuller measure of health; impressing upon the populace by example as well as precept the wisdom of embracing all possible measures for the prevention of disease and the preservation of health.



NURSES AS AUTHORS

If you are looking for a Christmas gift which is out of the ordinary and yet is not expensive why not consider one or all of three books written by Canadian nurses?

Songs of the West

This is one of the famous Poetry Chapbooks published by the Ryerson Press, Toronto. The author, Miss Marion E. Moodie, was the first nurse to graduate in the Province of Alberta. She has a true lyric gift as witness the following lines entitled "Wild-wood":

How much joy a stump can give,
A mossy stump,
A fern-decked stump.
A cool green castle where elves live,
With draperies so sweet and fine,
Of dainty, pink-bellied twin-flower vine.
How much joy a stump can give,
A cedar stump,
An old fir stump.
Where squirrels hide, or bush wrens live,
A stump with scarlet berries crowned,
And brambles trailing to the ground.

And all around, the light and shade,
And peace by sun-lit forests made.

Copies may be obtained from the book department of Morgan's Ltd., Montreal. Price 50 cents.

Our Bit

This is a brief and moving story of the experiences of Nursing Sister Mabel Clint, A.A.R.C., during the Great War. The simplicity and beauty of its language, its keen appreciation of humour, its sensitive response to the tragedy of the war, make this little book a human document. It may be obtained from the author at 2112 Claremont Ave., Montreal. Price, \$1.25.

"Oh! Nurse"

In lighter vein and charmingly illustrated by the author's original sketches this little book gives amusing sidelights on the nurse's trials and tribulations. The author is Miss Merle Olive Watson, who may be reached at 404 Victoria Ave. N., Hamilton, Ont. The price is \$1.00.

Department of Private Duty Nursing

GETTING ADJUSTED

Adjustments in the hours of duty and the scale of fees seem to be slowly coming about in many parts of Canada. Miss Agnes Jamieson reports upon an experiment now being carried on in Montreal as follows:

In Montreal

A special meeting was called by the Montreal Graduate Nurses Association in June, 1935, for the purpose of bringing up the question of placing on our register the names of those who wish to do eight-hour duty for a reduced fee, also those who wish to nurse private patients, on salary. The Association was well represented and an animated discussion took place, especially regarding the question of salaried nurses. This lasted for more than an hour and finally a motion, modified by two amendments, was passed almost unanimously. The motion read as follows:

All nurses willing to work on a salary basis may register accordingly, the fee to be twenty-five dollars a week for any period less than a month, and one hundred dollars the maximum fee for one month. For any period less than one week the fee is to be five dollars a day. This plan is not to apply to hospitals. The venture is to be given a trial until January 1, 1936, and is to be voted upon again at the December meeting in 1935.

After much less discussion the following motion was also passed:

That nurses be registered for eight-hour duty at a reduced fee of four dollars including a meal or meals which may not be taken by two nurses, who may be on the same case, at the same time. The hours of service are to be decided by the patient except when three nurses are employed and continuous attendance is assured.

It was decided that no announcement would be made in the daily press. The only publicity given the experiment was by notifying the general superintendents and the superintendents of nurses in the

hospitals and the Montreal Medical Council. Notices were also placed in the doctors' waiting rooms in the hospitals. Five months have elapsed and very few calls are coming in for either salaried or eight-hour nurses. This is no doubt due to lack of publicity in the community. However, now that the summer is over and the medical meetings are again taking up the nursing questions we have presented to them, we may obtain more calls.

The present regular rate for twelve-hour duty is five dollars per day. If the working day exceeds twelve hours a charge of six dollars per day is made. The maximum length of the working day is nineteen hours. It is therefore apparent that this modification of nursing service and fees would lower the cost of sickness for those who cannot afford ten or twelve-hour duty at the regular fee. By means of eight-hour duty one or two nurses could give sufficient care to some patients and the nurses would have more time for education, recreation and rest. For those nurses who prefer constant work on salary their income would amount in the end to the total earned by the short cases, at the regular fee, which are so prevalent at the present time.

In six months' time we hope for more response to our new project in nursing in Montreal.

Wanted: An Adjuster

A correspondent from Nova Scotia, who prefers to adopt the pen-name of "Nancy Free," thinks that we shall never find a way out of our difficulties till we find an "adjuster":

In the business world it requires ability, foresight and good management to conduct a business successfully and to sell its product in order to meet the payroll. This principle applies to nursing and it is the saving individual who meets expenses promptly. Sickness means added expense in the home and if

each nurse who is engaged in nursing to earn her daily bread would ponder just how much she or any member of her family or friends could afford to pay for nursing care in case of illness then she will have a good idea of the economic standing of the average person today. It is impossible to collect a set fee in all cases and a rearrangement is urgently needed.

Nurses receive calls from various sources, such as the registry, the hospital, the doctor, a friend or neighbour. The majority of calls are prompted by a doctor. Each doctor has a diverse clientele and therefore requires a varied nursing service. Readjustment is a difficult task, a problem in every rural and urban section of Canada; the registries should carry the burden of research work. In the various industrial fields an adjuster is sometimes em-

ploied to co-ordinate and smooth our business worries. How about appointing an adjuster to help the registrar and the registries? This adjuster could interview the doctor, the patient and the nurse and co-ordinate the three points of view; each is entitled to consideration and a hearing. After evidence has been taken the adjuster can outline a proposition to the registrar and pass it on to the nurse; the adjuster could also canvass the doctors.

Every day adjustments could be made and actual facts collected by the adjuster. Should she be unable to cope with certain cases, an advisory committee from the Nurses' Association might be appointed to give advice and aid in an amicable settlement. Nurses should be requested to hand in written reports on cases; the adjuster could follow these up and thus improve nursing conditions generally.

COMING EVENTS

Toronto

The Alumnae Association of the School of Nursing of the Toronto General Hospital is raising funds to swell its contribution to the Nightingale Memorial Fund by means of a musical evening to be held on Friday, December 6, in Eaton's College Street Auditorium. Mr. Reginald Stewart—of Promenade Symphony fame—is the guest artist, and is giving a very fine programme and is introducing his selections with some of the background and a connected story. Miss Gunn is giving a brief talk on Florence Nightingale and the scholarship announcement is to be published in the programme. The chairman of the Board of Directors of the Toronto General Hospital is expected to preside. Tickets may be obtained at any of the Toronto schools of nursing or through the Registered Nurses Asso-

ciation of Ontario and the nurses' registries. The prices range from \$1.00 to 50 cents according to the location of the seats.

Montreal

The Alumnae Association of the McGill School for Graduate Nurses is sponsoring a series of events, the proceeds of which are to be used for the support of the school. One of these entertainments will take the form of an informal reception and sale of work which will be held on Saturday afternoon and evening, December 7, at the McGill School for Graduate Nurses, 3480 University St. There will be fortune telling, fish ponds, and glorious chances of winning raffles on afghans and other treasures as well as opportunities to purchase original Christmas gifts. And there will be refreshments too, so come and bring your friends.

THE Manitoba Nurses' Central Directory

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300 POWER BUILDING
Winnipeg, Man.

The Central Registry Graduate Nurses

Phone Garfield 0382

Registrar:

ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Emergency Service

Early in 1935, the National Joint Committee of the Canadian Nurses Association and the Canadian Red Cross Society on Enrolment for Emergency Service in War and Disaster, submitted to the Provincial Registered Nurses Associations the proposed quota of enrolment of members for each organization. Those Associations, responsible for the promotion of the project within their respective provinces, reported to the autumn meeting of the Executive Committee of the Canadian Nurses Association, methods used towards reaching their allocation. The proposed total enrolment for Canada received the approval of the Canadian Nurses Association in general meeting in June, 1934. A summary of methods adopted with gratifying results has been prepared from the reports received and a copy forwarded to each Provincial Secretary. Special mention must be made of the successful results in the Maritime Provinces, where the allocations are practically one hundred per cent fulfilled.

Recent enquiries at the National Office are indicative of increased interest in enrolment, should mobilization of nursing services be required. Enrolment of nurses in Canada is operated by authority of the Canadian Nurses Association and the Canadian Red Cross Society and has been endorsed by the Department of National Defence. Registered nurses only are eligible for enrolment, application forms for which are obtainable from the secretaries of the nine Provincial Registered Nurses Associations. This opportunity is taken to emphasize the vital importance of each Provincial Association reaching its quota of enrolled nurses so that in the event of emergency, an immediate response will be obtainable from a completely organized enrolment as sponsored by the Canadian Nurses As-

sociation and the Canadian Red Cross Society.

Scholarship Award Committee

The Executive Committee of the Canadian Nurses Association have appointed the following members to act on the Scholarship Award Committee for 1936: The convener is Miss Elizabeth Smith of Moose Jaw, who is also chairman of the Public Health Section in Saskatchewan; Miss Grace M. Fairley of Vancouver, chairman of the Florence Nightingale Memorial Committee; Miss Marion Lindeburgh of Montreal, chairman of the National Nursing Education Section; Miss Jean L. Church of Ottawa, acting chairman of the National Private Duty Section; and the President of the Canadian Nurses Association, Miss Ruby M. Simpson. This special committee is appointed to consider the applications for the Florence Nightingale Memorial Scholarship as offered by the Canadian Nurses Association and to choose the candidate whose qualifications best meet the requirements of the Florence Nightingale International Foundation Courses.

General Meeting

At present a reply is awaited from the Canadian Passenger Association to an enquiry made on behalf of the Canadian Nurses Association in reference to special transportation rates that will be in operation next summer and that will be advantageous to those members who will attend the General Meeting in Vancouver from June 29 to July 4, 1936. Announcement of information, when received, will be forwarded to the secretaries of the Provincial Associations of Registered Nurses and will be published in "Notes from the National Office" in the ensuing issue of the *Journal*.

Annual Meeting

The annual meeting of the Association of Registered Nurses in the Province of

Quebec will be held January 28 and 29, 1936, in the Ritz-Carlton Hotel, Montreal. It is anticipated that the content of the programme will be available for publication in the next issue of the *Journal*.

Greetings

The season's greetings and best wishes are offered to all members of the National Organization by the staff at the National Office.

Book Reviews

MANUAL OF CLINICAL CHARTING. Designed for the use of graduates and students of nursing. By Agnes Barrie Meade, R.N., B.S., educational director, Jewish Hospital School of Nursing, Cincinnati, O., 1929-1933; instructor, Yonkers General Hospital, Yonkers, New York, 1934-1935. Illustrated. 93 pages with index. Published by J. B. Lippincott Company, Canadian office: 525 Confederation Building, Montreal. Price \$1.75.

The author of this manual defines its principal objectives as follows: (1) to supply specific directions to which the nurse could refer and at the same time to offer supplementary information that would assist her in recording an observation; (2) to present methods that would aid in substituting well-chosen comprehensive phrases for the many irrelevant statements that appear all too frequently on charts; (3) to promote uniformity, truth and accuracy; (4) to make it possible for the nurse or physician to visualize, hours or days later, the earlier conditions and the progress of the patient. Upon the whole it may be said that these objectives have been attained. The subject of charting has not always received the emphasis it deserves in the teaching programme and many nurses have consequently become indifferent to this important phase of their work. This book will be a valuable aid to instructors and head nurses because it includes a wide range of descriptive terms which will be helpful in focusing the attention of the student

upon the important features of the patient's condition. It provides all nurses with a varied list of descriptive terms, as well as the methods for reporting them. These terms are grouped under some one hundred and seventy headings, arranged alphabetically and include not only the usual signs and symptoms, but also such important phases of the patient's care as medical and surgical treatments, diagnostic and therapeutic tests, collection and disposal of laboratory specimens, diets, pre-operative and post-operative care, mental and emotional reactions, visits of the doctors, transfers, discharges and admissions. There is an excellent objective rating score which will be found helpful in analyzing and evaluating charts. The cross index and bibliography add to the value of a text which will be found equally useful by instructors and students; indeed one of the merits of this book is that its arrangement is sufficiently flexible to make it useful in a variety of situations, to graduate and student alike.

REFERENCE HAND-BOOK FOR NURSES, by Amanda K. Beck. Eighth edition, revised. Illustrated. 323 pages. Price \$1.75. Published by the W. B. Saunders Company. Canadian Agents: McAinsh and Company, 388 Yonge St., Toronto.

This handy little volume fits easily into the handbag of either a public health or private duty nurse and may be relied upon to refresh the memory on many important points.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

NEW WESTMINSTER: The Nurses Home at the Royal Columbian Hospital has been formally dedicated to the memory of the late Miss Lillian McAllister, for many years associated with the hospital. At the time of her death Miss McAllister was assistant superintendent of nurses and at the dedication ceremony, Miss Esther Paulson, president of the Graduate Nurses Association of New Westminster, unveiled the bronze plaque bearing Miss McAllister's name, over the main entrance of the home. The unveiling also took place of an Honour Roll of nurses who had passed away while members of the staff. This includes the names of Miss Lillian Inkster, Miss Florence Pope, Miss Erna Jack, Miss Leslie Grier and Miss Lillian McAllister.

MARRIED: On October 26, 1935, Miss Marguerite Louise Tennant (Vancouver General Hospital), to Mr. Gordon Wells Dobson.

MARRIED: In October, 1935, Miss Vera Margaret Watson (Hospital for Sick Children, Toronto), to Mr. Thomas Steward.

MANITOBA

WINNIPEG GENERAL HOSPITAL: The class of 1925 held a reunion dinner recently in honor of their tenth anniversary. Messages were received from members in China, Honolulu, the Yukon, and many parts of the United States and Canada. A moment of silence was observed in memory of five beloved classmates who have died during the course of the years. The honor guests were: Miss M. McGilvray, Miss I. Wiggins, Mrs. C. K. Guild, Mrs. F. Hayden and Miss J. Harrison. Others attending were: Mesdames G. Allan Cochran, B. Bennett Kuiper, A. Brown Ridyard, G. Brown Swan, P. Cameron Davidson, L. Graham Thorlakson, I. Langford Joy, R. Chalmers Fleming, B. Farmer Dodds, T. Gillies Buckingham, H. Irvine Newman, E. Larmer Samson, A. McNeil Colbourne, E. Thompson Eby, P. Turner Doran, Misses C. Hunter, J. DeBrincat, M. Graham, L. Blondal, E. Dickie, I. Johnson, C. Lethbridge, R. McIntyre, E. Mallory, E. Taylor, M. Lowell, M. Maybee, E. Slater.

In honor of Mrs. J. Krachling of Arcola and Mrs. P. Merritt of Marian, N.D., Mrs. F. Chester recently entertained members of the 1928 class. Assisting were: Mrs. C. Samson (E. Larmer, '25) and Mrs. H. W. Audrian (E. Shumway, '32). Miss Charlotte Counsell and Miss Mildred Stephens sailed recently for England where they will remain

for about a year. Miss Catherine Lynch (W.G.H., 1925), superintendent of nurses at the Ponoka Hospital is taking a course at the McGill School for Graduate Nurses.

Sincere sympathy is extended to Mrs. Duncan Fletcher (Vera Dalrymple, W.G.H., 1930), in the recent death of her husband. Mr. and Mrs. Fletcher were only recently married on August 31, and his sudden death came as a great shock to all their friends.

MARRIED: On September 28, 1935, Miss Margaret Grandy (W.G.H., 1932), to Mr. Richard Misener.

MARRIED: On September 25, 1935, Miss Emzie Taylor (W.G.H., 1925), to Dr. Ross Cooper.

NEW BRUNSWICK

FREDERICTON: A meeting of the Fredericton chapter of the New Brunswick Association of Registered Nurses was held recently with a good attendance. At the close of the meeting a variety shower was given Mrs. Walter Bearisto, formerly Miss Margaret Steeves (V.P.H., 1931), whose marriage took place on October 23, 1935.

MARRIED: On October 5, 1935, Miss Eliza Hildebrand (V.P.H., 1929), to Mr. Percy Staples.

MARRIED: On September 10, 1935, Miss Grace MacPherson (V.P.H., 1935), to Mr. Raymond Perley.

MARRIED: On September 18, 1935, Miss Blanche Youngie (V.P.H., 1932), to Mr. George DeLong.

SAINT JOHN: The Saint John local Chapter of the N.B.R.N.A., recently held a meeting at the Saint John County Tuberculosis Hospital, with a large attendance. Dr. R. J. Collins, superintendent of the hospital, gave a lecture on tuberculosis among nurses.

The Saint John General Hospital Alumnae Association met recently and discussed the unemployment situation. Various suggestions were voiced.

MARRIED: On July 17, 1935, Miss Eloise E. Roberts (S.J.G.H., 1934), to Dr. G. Everett Chalmers.

SAINT STEPHEN: The following officers were elected at the annual meeting of the local chapter, N.B.A.R.N.: President, Miss M. McMullen; vice-president, Miss E. Spinnay; secretary, Miss M. J. Dunbar; treasurer, Miss J. Murray; committee conveners: refreshment, Mrs. R. Mallory; entertainment, Miss C. M. Boyd; Red Cross enrolment, Miss M.

J. Dunbar and Miss J. Murray; *Canadian Nurse*, Miss F. M. Cunningham. Miss Stella M. Murphy has returned to Whitby, Ont., where she has successfully completed a postgraduate course in psychiatric nursing. Miss Irene Sherrard is taking a postgraduate surgical course in the Montreal General Hospital. Miss Inez Holt has accepted a position on the staff of the Children's Memorial Hospital, Montreal. Miss Sadie Forbes is professionally engaged at Campobello. Miss Della McClary is temporarily engaged as O.R. supervisor at the Chipman Memorial Hospital. Sympathy is extended to Miss Elizabeth Caldwell in the death of her sister.

MARRIED: On October 3, 1935, Miss Elizabeth Giles to Mr. Raymond McDonald.

WOODSTOCK: A meeting of the L. P. Fisher Memorial Hospital Alumnae Association was held recently when plans for a dance in aid of the hospital were discussed. It was decided that a dinner be given in honour of the graduating class of 1935.

NOVA SCOTIA

ANTIGONISH: At a recent meeting of the A.G.I.R. Branch, Miss Marie LeBlanc was appointed as president for the coming year and Sister Mary Annette as treasurer.

MARRIED: On September 9, 1935, Miss Winnifred M. Graham (St. Martha's, 1933), to Mr. Daniel J. MacEachern.

MARRIED: On September 18, 1935, Miss Freda Herve (St. Joseph's, 1934), to Mr. Harry R. MacGillivray.

MARRIED: On September 16, 1935, Miss Eunice Ross (St. Martha's, 1926), to Mr. Stephen MacKinnon.

GLACE BAY: In October the Cape Breton and Victoria Branch of the R.N.A.N.S., resumed its meetings. Twenty-seven members enjoyed an interesting lecture by Dr. C. M. Bayne on the tuberculosis work which is being carried on in Glace Bay. The Nightingale Memorial was also discussed.

HALIFAX: During October the R.N.O.N.S., held a four-day refresher course at Halifax. Miss Johns, editor of *The Canadian Nurse*, gave the lectures and led round-table discussions. One hundred and twenty-two nurses registered for the course and at the banquet held in connection with the course, the numbers were swelled to one hundred and fifty-four, as the senior student nurses of the Halifax School of Nursing were guests of their respective Alumnae Associations.

HALIFAX: The first fall meeting of the Victoria General Hospital Alumnae Association was held recently with a good attendance. Finances were reported to be in excellent

condition and a donation was made to the Nightingale Fund. A meeting of the *Journal Club* was held recently at the home of Miss Audrey Purtill who discussed new developments in anesthesia.

The Halifax Branch of the R.N.A.N.S., met recently with the president, Miss Victoria Winslow, in the chair. The possibility was discussed of establishing a central registry for private duty nurses.

MARRIED: In September, Miss Rita May Beck, superintendent of nurses, Nova Scotia Hospital, Dartmouth, N.S., to Mr. Lawrence A. Bonang.

MARRIED: On September 5, 1935, Miss Fanny Craven (City of Sydney, 1925), to Mr. Cecil V. Neary.

MARRIED: On September 11, 1935, Miss Margaret Gamester (H.C.H., 1934), to Mr. Sherman Lowther.

MARRIED: On September 14, 1935, Miss Dorothy Nelson (W.K.M.H., 1934), to Mr. Roy J. Conrad.

APPOINTMENTS: Miss Helen Greenham (H.C.H.), has been appointed to the staff of the Dalhousie Public Health Clinic. Miss Jennie MacInnes (V.G.H.), has been appointed a school nurse in the city of Halifax. Miss Helen Thompson (H.C.H.), has been appointed to the staff of the Dalhousie Public Health Clinic. Miss Elsie Titus (H.C.H.), will do postgraduate work in tuberculosis in Saint John, N.B., during the coming year.

YARMOUTH: The graduation exercises of the School of Nursing of the Yarmouth Hospital were held recently; seven nurses were graduated.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH, DIVISION OF PUBLIC HEALTH NURSING: A regional conference at Blind River held on October 12, was attended by twelve public health nurses. Papers were presented by Miss Bertha Miller, Sault Ste. Marie; Miss Jane Thomas, Sudbury; Miss Muriel Hunter, Blind River, and Miss Elizabeth Alyward, supervisor, Victorian Order of Nurses, Sudbury. The conference was arranged and conducted by Miss Edna Howey assisted by Miss Hunter who entertained at tea following the afternoon session, when the nurses had the pleasure of meeting the executive officers of the Blind River Public Health Association. **Appointments:** Miss Helen M. Smith has succeeded Miss Christine McLaren as public health nurse in Perth; she is a graduate of the School of Nursing of the Ottawa Civic Hospital and the McGill School for Graduate Nurses. Miss Marcelle Smith, formerly public health nurse,

at Penetanguishene, has gone to Kirkland Lake where Miss Rose Roy has been granted leave of absence to continue her studies at the University of Ottawa. Miss Zeta Kearney has accepted the position of public health nurse for Ayr and the townships of North and South Dumfries. Miss Kearney is a graduate of the School of Nursing of the Victoria Hospital, London, and the public health nursing course of the University of Western Ontario. Miss Emily J. Loney, who was a member of the public health nursing staff at Stratford for a number of years, resigned in September. Miss Evelyn Clarke, school nurse at Cornwall, resigned in October.

DISTRICT 1

LONDON: District 1, R.N.A.O., recently held their quarterly meeting at St. Joseph's Hospital, London, with an attendance of one hundred and fifty nurses. Miss Mildred Walker presided, and Miss G. Versey reported an increase of a hundred members. Mrs. Hedley Smith stated that District 1 was one of the four districts to have paid their quota in full to the permanent education fund. Plans were made for a refresher course in London in March. Miss G. Versey is to convene this and the programme is to cover public health and private duty nursing. The annual meeting will be held in Windsor in January. An address was given by Miss Ross, supervisor for the Ontario Society for Crippled Children. Miss E. H. McKone gave an address on the art of supervising.

LONDON: The nursing staff of the Ontario Hospital recently held a reception in honour of Miss Lorna Horwood who has been appointed superintendent of nurses. Dr. G. H. Stevenson, medical superintendent, and Miss E. J. Kennedy received the guests, assisted by Miss L. I. Wilson and Mrs. G. Gibson.

SARNIA: The Alumnae Association of the Sarnia General Hospital held a bazaar, the proceeds of which were used to refurbish the student nurses dining room in the hospital. Miss Bessie Eastman, former X-ray technician of the Sarnia Hospital, has accepted a similar position in the Port Arthur General Hospital. Miss M. J. Smith has completed a postgraduate course in operating room technique and surgical supervision at St. Michael's Hospital, Toronto. Miss M. Cuthbertson commenced this course in September. At the first meeting of the year the election of officers resulted as follows: Honorary president, Mrs. R. Garret; president, Miss D. Shaw; vice-president, Miss O. Banting; secretary, Miss A. Parker; treasurer, Miss B. McFarlane; flower committee, Miss L. Siegrist; programme convener, Mrs.



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E. Elrick; social convener, Miss E. Rippin; correspondent to *The Canadian Nurse*, Miss M. J. Smith.

MARRIED: Recently, Miss Myrtle Eyre, to Mr. Roy Macklin.

MARRIED: Recently, Miss Anne Boulton, to Mr. Charles White.

MARRIED: Recently, Miss Veryln Meadows, to Mr. Campbell White.

MARRIED: Recently, Miss Cecily Medcroft to Mr. George Prudam.

MARRIED: Recently, Miss Ruth Morley, to Mr. Roy Leckie.

MARRIED: Recently, Miss Mary White, to Mr. Allwyne Baisley.

DISTRICTS 2 AND 3

BRANTFORD: A meeting in connection with the organization of home nursing classes was held recently, at which Miss Marion Henderson, provincial organizer for the Canadian Red Cross Home Nursing classes, was present. Ten classes were organized, two of which are for collegiate girls and two for those from the country.

OWEN SOUND: The Alumnae Association of the General and Marine Hospital recently held a successful bridge party to which Miss Rae, president of the Association, welcomed two hundred guests. Miss M. Miller, operating room supervisor of the General and Marine Hospital, is taking a postgraduate course in surgery at the Toronto General Hospital.

SIMCOE: Miss Margaret Stuart, formerly on the staff of Norfolk General Hospital, has entered training at the United Church Training School, Toronto. Upon the completion of her course she hopes to enter upon work in a mission field.

SIMCOE: The annual meeting of Districts 2 and 3, R.N.A.O., was held recently with Miss E. A. Bingeman presiding. A most interesting programme was arranged by our hostess, Miss Marjorie Buck. Mrs. H. Jackson, organizer of the Simcoe Home and School Club, told us of the aims, ideals and activities of that organization. Dr. A. B. Jackson, in his inimitable way, took us on a journey into the land of "Idealism" and Miss C. E. Jackson, director of nurse education at the Brantford General Hospital, gave a stimulating paper on "The qualities of a nurse." The Home and School choir sang three very delightful selections, which added much to the pleasure of the meeting. The election of officers resulted as follows: Chairman, Miss H. L. Potts, General Hospital, Woodstock; vice-chairman, Miss A. Campbell, General Hospital, Guelph; secretary-treasurer, Miss F. Kudoba, General Hospital, Stratford; coun-

cillors: Brant County, Miss K. Charnley, Brantford; Wellington County, Miss L. Ferguson, Guelph; Waterloo County, Miss A. McDonald, Galt; Grey County, Miss F. Rae, Owen Sound; Norfolk County, Miss H. Booth, Simcoe; Dufferin County, Miss F. Smith, Orangeville; Representatives of sections: nurse education, Miss Z. Hamilton, Stratford; private duty, Miss L. Forewell, Kitchener; public health, Mrs. J. N. Mitchell, Brantford. The appointment of conveners of the special committees are: publications, Miss E. M. McKee, Brantford; permanent education fund, Miss H. D. Muir, Brantford.

MARRIED: Recently, Miss M. Lockard, to Mr. William Watson.

WOODSTOCK: Miss Lila Jackson (W.G.H., 1928), who has been on the staff of the General Hospital for some years, recently resigned. Miss Florence Blyth (W.G.H., 1934), succeeds her in the X-ray department.

MARRIED: On September 21, 1935, Miss Lila T. Jackson (W.G.H., 1928), to Mr. MacKenzie Thomas.

MARRIED: On October 2, 1935, Miss Annie H. Kerr (W.G.H., 1925), to Mr. James A. Forbes.

DISTRICT 4

HAMILTON: A meeting of the Registered Nurses Association of Ontario, District 4, was held at St. Joseph's Hospital on October 12, about one hundred and fifty nurses being present. Addresses were given by Dr. Deadman, Dr. Downes and Miss Isabel MacIntosh which were thought-provoking and instructive. District 4 also held a successful bridge on October 29, at the General Hospital, one hundred dollars being realized in aid of the permanent education fund. Miss Rayside, former superintendent of nurses at the Hamilton General Hospital, is visiting Hamilton. Her many friends are glad to welcome her. Miss F. H. Walker, former instructress at the Hamilton General Hospital, now of the staff of the Vancouver General Hospital, is also a visitor.

HAMILTON GENERAL HOSPITAL: A recent meeting of the Alumnae Association took the form of a social gathering when the members were hostesses to "outside" graduates residing in the city. A large number of guests were present and entertainment was provided by Mrs. Hamm who gave an interesting description of the origin and development of folk songs. Mrs. Wynn, accompanied by Mrs. Hamm, delighted everyone by singing folk songs representative of many countries. *Appointments*: Miss Eola Scott, having successfully completed a course in public health at

the University of Toronto, has joined the staff of the Victorian Order of Nurses. Miss E. Ewart has resigned her position at the Tuberculosis Sanitarium at Ste. Agathe, Que., and has been appointed head nurse of the women's surgical ward at the Hamilton General Hospital. Miss Frieda Buhler has been transferred from the Emergency Department of the Hamilton General Hospital to the staff of the Mt. Hamilton Hospital. Miss Gladys DeMoulin, formerly in charge of ward 12, is now in charge of the Emergency Department, Hamilton General Hospital. Miss Ivy Ambrose (H.G.H., 1932), is sailing in November for missionary work in Central Africa. Recent graduates attending the School of Nursing of the University of Toronto this year are: Miss Olga Friesen, Miss Irene Mayall and Miss Mary Murray; all are taking the public health nursing course.

MARRIED: Recently, Miss Mary Annable (H.G.H., 1930), to Mr. Chester Hart.

MARRIED: Recently, Miss Grace Chapman (H.G.H., 1929), to Mr. Robert W. Price.

MARRIED: Recently, Miss Margaret Connell (H.G.H., 1932), to Mr. Edwin Whitfield.

MARRIED: Recently, Miss Marjory Downes (H.G.H., 1935), to Mr. G. A. Adams.

MARRIED: Recently, Miss Gwendolyn Faeder (H.G.H., 1933), to Mr. Wm. C. Lotz.

MARRIED: Recently, Miss Mary Graham (H.G.H., 1930), to Mr. Wm. Skerratt.

MARRIED: Recently, Miss Ada Ford (H.G.H., 1929), to Mr. Homer McCann.

MARRIED: Recently, Miss Leonora Gunby (H.G.H., 1933), to Mr. H. S. Spicer.

MARRIED: Recently, Miss Madaline Lockard (H.G.H., 1933), to Mr. Wm. A. Watson.

MARRIED: Recently, Miss Leola Snyder (H.G.H., 1935), to Mr. Charles Merritt.

MARRIED: Recently, Miss Gertrude Vanloon (H.G.H., 1935), to Mr. Charles Abbott.

MARRIED: Recently, Miss Jessie Yule (H.G.H., 1929), to Mr. Harry Sheppard.

DISTRICT 5

OSHAWA: The twenty-fifth anniversary of the Oshawa General Hospital was marked with appropriate ceremonies at which hearty congratulations were extended to Miss Elizabeth MacWilliams who has been its superintendent of nurses throughout the entire period. Dr. D. S. Hoig, president of the medical board, and Mrs. R. S. McLaughlin, president of the Ladies' Auxiliary, shared in celebrating the silver jubilee of the hospital they helped to establish. A pleasant feature of the afternoon was the presentation made to Miss E. MacWilliams of an illuminated address and cheque

in appreciation of twenty-five years of valuable service.

MARRIED: On July 6, 1935, Miss Helen Batty (O.G.H., 1930), to Mr. Ewart Nichol.

MARRIED: On May 22, 1935, Miss Ethel Clarke (O.G.H., 1931), to Mr. Edward Johnston.

MARRIED: On September 28, 1935, Miss Eliza Dick (O.G.H., 1934), to Mr. Harold Foster.

MARRIED: On August 3, 1935, Miss Jean Haas (O.G.H., 1931), to Mr. Robert Dunlop.

MARRIED: On July 19, 1935, Miss Eva Hobbs (O.G.H., 1929), to Mr. Frank Manual.

MARRIED: On June 1, 1935, Miss Jean Thompson (O.G.H., 1928), to Mr. James Dowsley.

MARRIED: On August 1, 1935, Miss Thora Webb (O.G.H., 1932), to Mr. Merton Williamson.

TORONTO WESTERN HOSPITAL: The Alumnae Association recently held an enjoyable tea and musicale.

DISTRICT 10

PORT ARTHUR: A meeting of District 10, R.N.A.O., was held recently at St. Joseph's Hospital with Miss Vera Lovelace, the president, in the chair. The speaker of the evening was Dr. W. P. Hogarth who took as his subject, "Diseases of the bladder and kidneys"; his talk was illustrated with X-ray plates. At the close of the meeting which was attended by about thirty-five members, refreshments were served by the nurses of the hospital. Miss L. Riste (St. Joseph's Hospital, 1935), is taking a public health course at Toronto University. Miss Doris Adams (St. Joseph's Hospital, 1932), is taking a postgraduate course at the Western Hospital, Toronto. Miss Isabelle McLennan (Port Arthur General Hospital, 1934), is taking a postgraduate course in obstetrics at the Montreal Maternity Hospital. Miss Lila Kivisto (Port Arthur General Hospital, 1935), is taking a postgraduate course in pediatrics at the Presbyterian Hospital, New York.

MARRIED: Recently, Miss Elsie Laminen (St. Joseph's Hospital, 1931), to Mr. Andrew Mickelsen.

MARRIED: Recently, Miss Aileen McIver (McKellar General Hospital, 1934), to Mr. Sydney Towl.

QUEBEC

MONTREAL: Children's Memorial Hospital: The Alumnae Association recently gave a tea in honour of Miss Marjorie Jenkins who has been appointed superintendent of nurses. At a meeting of the Alumnae Association Dr. G. N. Patterson-Smyth spoke on "Emo-

tional development in childhood." Miss Vera Ford (C.M.H., 1928), has been appointed teaching supervisor of the surgical wards. At a tea held recently in her honour, the presentation of a hand-carved coffee table was made by the nursing staff to Miss Claire McIntosh, who has resigned to be married.

MARRIED: On November 2, 1935, Miss Claire Willard McIntosh (C.M.H., 1931), to Dr. Walter Foster Goggin.

MONTREAL GENERAL HOSPITAL: Miss Catherine Mills (M.G.H., 1928), has resigned from the teaching department and Miss K. L. Annesley (M.G.H., 1928), who recently resigned from the staff of the Vancouver General Hospital, has replaced her. Miss E. M. Coombs (M.G.H., 1933), has been appointed supervisor of the eye, ear, nose and throat ward, which is now under construction. Miss D. H. Legere (M.G.H., 1934), has replaced Miss Coombs as third assistant night supervisor. Miss I. M. Gilbert (M.G.H., 1933), has been appointed assistant supervisor in paediatrics.

MARRIED: On October 11, 1935, Miss Gladys J. Moseley (M.G.H., 1928), to Major Francis Bryce, O.B.E.

MARRIED: On May 18, 1935, Miss Alison Sutherland (M.G.H., 1930), to Mr. Robert G. Quinlan.

QUEBEC: An Institute for the Metropolitan Nurses of the Province of Quebec was held recently in Quebec City. The meetings took place at the Chateau Frontenac under the direction of Miss Alice Ahern, assistant superintendent of nursing of the Metropolitan Life Insurance Company. About forty M.L.I. nurses and representatives of other public health groups in the city of Quebec attended these meetings.

SASKATCHEWAN

REGINA: The provincial public health

nurses of Saskatchewan, under the direction of Miss Ruby M. Simpson, recently met in conference in Regina. An invitation was extended to all public health and school nurses and twenty-seven nurses, representing fourteen centers, attended and felt renewed and refreshed from contact with others engaged in similar work. The Saskatchewan Health Officials Conference met on the day following and those registered for the nurses conference of the day previous were in attendance. A new feature was a two-hour period of section meetings. At the public health nurses section papers were given by Miss Elizabeth Smith, of the Moose Jaw Normal School, on health education in schools; Mrs. E. McCulloch, of the Regina Normal School, on methods of teaching, and by Miss C. Curry, supervisor of the Victorian Order of Nurses, Regina, on the pre-natal and post-natal visit. It proved a most interesting meeting, characterized by active discussion.

Recent appointments to the Provincial Public Health Nursing Staff are: Miss M. C. Dunbar, Miss E. S. Holland, Miss A. Normandin, and Mrs. M. E. Nadin. Miss A. Love (W.G.H.), formerly lady superintendent of the Saskatoon Sanatorium, has returned to Saskatchewan after having spent some time in the East and has accepted the position of lady superintendent at Fort San. Miss Carolyn Curry (P.H.R.I.), formerly of Glace Bay, N.S., has been appointed supervisor of the Victorian Order of Nurses, Regina branch. Miss Beatrice Calder (R.G.H.), has recently been awarded the Carss Scholarship from the Regina General Hospital. She is now studying in Montreal. Miss Margaret McRae (R. G.H.), President of the Regina Branch of the Saskatchewan Registered Nurses Association, has been appointed as resident nurse for Regina College.



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OVERSEAS NURSING SISTERS ASSOCIATION

MONTREAL: On Remembrance Day, the Montreal Unit of the Overseas Nursing Sisters Association paid tribute to the memory of their comrades by attending the ceremonies at the Cenotaph and by placing a poppy wreath on the stone erected in their memory. In the evening the annual dinner was held when Miss Enright, the president, received the sisters, fifty-seven in number. The toast to "Absent Friends" was proposed by Miss Connie Harrison, and the "Silent Toast" to those who are gone before was proposed by Mrs. Toller (Rhea Fitzgerald). Amusing incidents, reminiscent of war days, were told by some of the sisters. Mr. Rice, with a concert party, provided the entertainment which consisted of the old familiar songs, and an especially funny sketch given by "Old Bill", Bairnsfather's immortal interpretation. On Sunday, November 10, a group of sisters attended the Memorial Parade Service held at the Melville Presbyterian Church with the veterans of the C.A.M.C. and the officers and men of the Sixth and Ninth Field Ambulance.

OTTAWA: The Ottawa Unit of the Overseas Nursing Sisters Association held their fourth Remembrance Day dinner on November 11, with the president, Mrs. C. A. Young (N/S Myrtle Gratton) presiding. Twenty-five other members and guests were present. Miss Gertrude Garvin, superintendent of nurses at the Strathcona Hospital, and Miss Maude Hall, assistant superintendent of nurses of the Victorian Order of Nurses, were present as guests of the Unit; both served overseas with American Hospital Units. A particularly happy feature of the evening was a long-distance call for the president from Matron-in-Chief Margaret MacDonald and Miss Elizabeth Smellie, vice-president of the Overseas Nursing Sisters Association, both of whom were attending the Armistice dinner with the nurses of the Halifax Unit. This message of remembrance and good wishes was greeted with much enthusiasm. The annual business meeting was held following the dinner and the election of officers resulted as follows: Honorary president, Matron-in-Chief

Margaret MacDonald; honorary past-president, Mrs. C. A. Young (N/S Gratton); president, Mrs. Gwendolen Spalding; vice-president, Miss Mabel Lindsay; secretary, Mrs. J. E. Holmes (N/S Emma Longmate); treasurer, Miss Alison C. Dickison.

TORONTO UNIT: The Toronto Unit of the Overseas Nurses' Association of Canada recently held its annual Remembrance Dinner. Receiving with the president, Miss Laura Gamble, were Miss Edith Rayside, C.B.E., and Miss Annie Hartly, R.R.C., wearing the Florence Nightingale Medal. Guests of the unit were Captain and Mrs. H. P. Charters, Dr. and Mrs. F. W. Routley and Miss Cowan, president of the Hamilton Unit. Over a hundred members including representatives from the Hamilton and the Ottawa Unit were present, and members from Guelph, Oakville, Collingwood and Belleville made up a happy party. After the toast to the King, Miss Gamble spoke of the recent death of Sister Violet Sewell and all stood in silent remembrance of those who had passed on. A bugler from the Queen's Own Rifles sounded the Last Post, the lights were dimmed, the quartette sang "The old Brigade," and "Abide with me", and with the clear bugle notes of Reveille the lights brightened. Dr. Routley spoke of early days of his medical practice in the country with incidents of heroic service given by nurses.

LONDON UNIT: The tenth annual dinner of the London Unit of the Overseas Nurses Association was held on November 11, with thirty-eight members present. The president, Miss Alice Turner, presided, and a delightful evening was spent. Miss Turner, Miss D. Birrell (vice-president), Mrs. J. A. Campbell (secretary), Mrs. F. Little (treasurer), Miss B. Smith, O.B.E., and Miss Ada Parrish were responsible for the excellent arrangements. The address of the guest speaker, Canon Quintin Warner, was deeply appreciated. At a brief business session, it was decided to postpone the annual meeting till January.

Twelve nurses attended the Cenotaph Services and a wreath was placed there in memory of all who gave their lives in the Great War.



ON DUTY - OFF DUTY
NUGGET
WHITE KID CLEANER
KEEPS WHITE KID WHITE!



OBITUARY

DOUGLAS—On November 4, 1935, in Toronto, Miss Jessie Elizabeth Douglas, a member of the graduating class of 1919 of the School of Nursing of the Toronto Western Hospital.

GRAHAM—On June 7, 1935, at Toronto, Isabel Graham, a member of the class of 1915 of the School of Nursing of the Toronto General Hospital.

LOWE—She has gone from among us, and the place that she knew so well no longer echoes to the tread of her soft foot-fall. I refer to Annie M. Lowe, who left this life on October 9, 1935. Those who were privileged to know her realize that her life was one of service, made up of the little things that round out the perfect whole. Her calm demeanour and quiet dignity gave the assurance that all was well, whether serving in the operating room or ministering by the bedside. Many of us will remember her as not dead but only away. Her spirit will ever move among us. Miss Lowe's thoughtful and unselfish life was evidenced to the last when, with a smile, she said good-night here and crossed the threshold to say good-morning there.

MARY AYERST (T.W.H., 1924).

I cannot say, and I will not say
That she is dead. She is just away!
With a cheery smile, and a wave of the hand,
She wandered into an unknown land,
And left us dreaming how very fair
It needs must be since she lingers there.
And you—O you, who the wildest yearn
For the old-time step and the glad return,
Think of her fairing on as dear
In the love of there, as the love of here;
Think of her still as the same, I say;
She is not dead—she is just away!

JAMES WHITCOMB RILEY.

MACOUN—During July, 1935, the death occurred, in the Belleville General Hospital, of Mrs. John Macoun, formerly Elizabeth Senior, a member of the class of 1890 of the School of Nursing of the Toronto General Hospital.

NELLES—On August 7, 1935, at Cayuga, N.Y., Jessie M. Nelles, a member of the

class of 1892 of the School of Nursing of the Toronto General Hospital.

PATTERSON—Suddenly, on August 4, 1935, at Parry Sound, Florence Patterson, a member of the class of 1918 of the School of Nursing of the Toronto General Hospital.

PHILIP—Sister M. St. Philip, a pioneer nurse of St. Michael's Hospital, Toronto, was born in the town of Kitchener, in 1874; the twenty-first day of August, 1935, witnessed her passing. In the endless procession of the years, the brief gap bridged by the span of her life seems small; it was filled by her with such zealous work as to illuminate a narrative at once long and colorful, stimulating and full of hope. A religious for forty-four years, her life work centred around St. Michael's Hospital to which she came as a girl of twenty-six, at the opening of the institution in the old quarter, which once had housed a Baptist Mission. From that time until the present year her ability for organization and gift for teaching aided materially in the metamorphosis which the Hospital itself underwent during the term of her beneficent association with it. These facts, however, afford only outward evidence of a personality which in itself was of the dimensions of greatness. It occasionally happens that the spirit of a man or woman glows in such a constant and ardent manner that all the incidents of life, be they of grandeur or of catastrophic tragedy, stand limned against it as unnoticed objects against the glory of a sunrise. Of such a character was Sister St. Philip. Gentle, tolerant and wise, her person moved in an invisible aura of kindness which enveloped all whom she met. Seeking nothing for herself, with neither concern for personal comfort nor alarm at the frailty of her health in later years, she pursued her duties far past the point at which the body cries "stop," even to the closing incidents of her life. She leaves behind in those who knew her a sense, not so much of loss or of regret, as of warm and pleasant memory, a feeling of joy at having known at least one soul so truly great, and an abiding knowledge that with her all is well.

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Like most solitary folk . . . we do not particularly enjoy festivals . . . but the Christmas season . . . fosters a mellow and reminiscent mood . . . in which we recall . . . our "Christmas past" in England . . . nowhere else is holly so glossy green . . . nor mistletoe so pearly white . . . The "waits" never quite ring true . . . except in the misty English night . . . and we never shall forget . . . the candlelight vespers . . . in Westminster Abbey . . . when the ancient and lovely carols . . . carried us quite away . . . However, not all our Christmas celebrations . . . have been held in such classic surroundings . . . We remember one dismal affair . . . snowed up in a smelly "wagon-lit" . . . in the Carpathians . . . and yet another . . . on the wintry Atlantic . . . when we dined quite simply . . . and in solitary grandeur . . . on a sliced lemon . . . and some cracked ice . . . We once attended . . . a Swedish celebration . . . which we liked very much . . . although we were not equal . . . to full participation . . . in the revels . . . Still we enjoyed marching round the Christmas tree . . . holding a glass of arak . . . in one hand . . . and a lighted candle . . . in the other . . . Arak affects the uninitiated . . . rather too powerfully . . . to be safely used . . . in conjunction with lighted candles . . . so we disposed of ours . . . (the arak we mean) . . . in a convenient flower pot . . . We heard afterwards . . . that the rubber plant . . . had sickened and died . . . for a reason unknown . . . to our unsuspecting hosts . . . but we kept our guilty knowledge . . . to ourselves . . . and murmured our regrets . . . after all it might have been worse . . . Then there is one Canadian Christmas . . . we still like to think about . . . It was on an Indian Reserve . . . a hundred miles from anywhere . . . and for our Christmas dinner . . . we "lived off the country" . . . as was the custom . . . in those hardier days . . . There were stuffed partridges . . . and cranberry sauce . . . both of which came . . . from a frozen muskeg near by . . . there was baked wild rice . . . and dried blueberry pie . . . and a Christmas pudding . . . which had come all the way from England . . . tied up in cotton cloth . . . But all day long . . . we had vainly watched the snowy lake . . . for a sign of the Hudson Bay Company's dog team . . . bringing the Christmas mail . . . Evening came . . . the ice cracked and boomed . . . but not a sign . . . Just at bed-time . . . there was a distant yelping . . . then the crack of a long leather whip . . . and the hoarse cry of the driver . . . "marche" . . . "marche" . . . "marche" . . . Presently they were at the steep bank . . . then up it to the open door . . . The four great huskies . . . lolled back in their harness . . . and glared with wild green eyes at the family cat . . . (usually a peaceable animal) . . . spitting at them . . . from his refuge under the polished stove . . . The half-breed driver . . . untied the gunny sack . . . yes, it was an English mail . . . and there was a battered box . . . full of cotton wool . . . surrounding a single spray of holly . . . It was hung in the centre . . . of a wreath of Canadian pine . . . and beneath it a candle . . . burned in the frosted window . . . "O, tidings of comfort, and joy!" . . .



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ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

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District 1, Registered Nurses Association of Ontario

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District 2 and 3, Registered Nurses Association of Ontario

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District 4, Registered Nurses Association of Ontario

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District 5, Registered Nurses Association of Ontario

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District 8, Registered Nurses Association of Ontario

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District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcelin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss M. A. Turner; Second Vice-President, Miss E. Standing; Treasurer, Miss E. Gavin; Recording and Corresponding Secretary, Miss H. S. Peters, University Hospital, Edmonton; Registrar, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

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Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

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President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian*

Nurse, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

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A.A., Royal Jubilee Hospital, Victoria

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MANITOBA

A.A., Children's Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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ONTARIO

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